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BOROUGH OF CHORLEY.

ANNUAL REPORT

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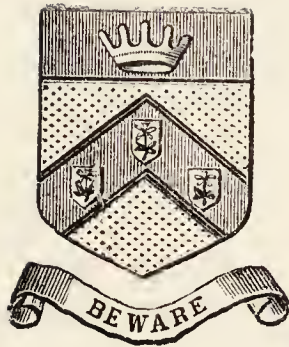
OF THE

Medical Officer of Health

1946

AND 1945.

ALFRED HILL, PRINTER, LIVESEY STREET.
CHORLEY
1947.



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BOROUGH OF CHORLEY.

MEMBERS OF THE COUNCIL.

1945

Mayor:

Alderman	F. BRINDLE,
„	A. BALL,
„	R. GENT,
„	†Mrs. GILLETT,
„	R. MARSDEN,
„	A. TAYLOR.
Councillor	*S. COOKSON,
„	R. EVANS,
„	G. B. FLETCHER,
„	H. GREEN,
„	T. GRIME,
„	‡T. HEATON,
„	J. HINDLE,
„	H. HOLT,
„	W. LOWE,
„	W. RAWCLIFFE,
„	J. J. THORNLEY,
„	A. V. TOOTELL,
„	E. Warburton,
„	W. WILCOCK,
„	C. WILLIAMS,
„	Miss CUNLIFFE,
„	F. KNOWLES.

1946

Mayor:

Alderman	J. GREEN,
„	F. BRINDLE,
„	R. EVANS,
„	R. GENT,
„	†Mrs. GILLETT,
„	R. MARSDEN.
Councillor	Mrs. BAXENDALE,
„	*S. COOKSON
„	Miss CUNLIFFE,
„	G. B. FLETCHER,
„	H. GREEN,
„	T. GRIME,
„	‡T. HEATON,
„	J. B. HINDLE,
„	T. HUSTINGS,
„	F. KNOWLES,
„	W. LOWE,
„	Miss MERCER
„	P. MILLER,
„	W. RAWCLIFFE,
„	J. RICHARDSON,
„	J. J. THORNLEY,
„	A. V. TOOTELL,
„	E. Warburton,
„	W. WILCOCK,
„	C. WILLIAMS.

† Chairman of Maternity and Child Welfare Committee.

‡ Chairman of Housing and Town Planning Committee.

* Chairman of Sanitary Committee.

Town Clerk: GEORGE JACKSON.

STAFF (since 1931):

Medical Officer of Health and Divisional School Medical Officer:

R. C. GUBBINS, M.B., Ch.B., D.P.H. (August 1941 to date).

H. E. MIDDLEBROOKE, L.M.S.S.A., D.P.H. (to September 1932).

A. ANDERSON, M.D., D.P.H. (October 1932—October 1938).

E. C. DOWNER, M.A., M.B., Ch.B., D.P.H. (December 1938—November 1940).

J. F. RUSSELL, M.B., Ch.B., D.P.H., (February 1941—April 1941. Died).

* Obstetric Surgeons and Consultant Medical Officers to Ante-Natal Clinics:

R. M. CORBET, M.D., F.R.C.S., F.R.C.O.G. (from September 1946).

D. C. WISEMEN, M.B., Ch.B., F.R.C.S., M.R.C.O.G. (from September 1946).

(K. V. BAILFY, M.C., M.D., M.R.C.P., M.C.O.G., till September 1946).

* Medical Officer to Routine Ante-Natal Clinic, till September 1946:

ISOBEL T. WALSH, M.B., Ch.B., D.P.H., D.C.O.G.

† Medical Officer, Orthopædic Clinic:

E. H. STRACH, M.D. (from June 1946).

F. C. DWYER, F.R.C.S. (till March 1946).

R. OLLERENSHAW, F.R.C.S. (until 1940).

† Oculist and Laryngologist:

W. SYKES, L.R.C.S., L.R.C.P.

† Dental Anæsthetist:

DORIS H. DERBYSHIRE, M.B., Ch.B.

† **DENTAL SURGEON:**

T. F. HEALEY, L.D.S.

SANITARY STAFF:

Chief Sanitary and Meat Inspector, Superintendent of Refuse Removal, Shops' Act

Inspector, Inspector under the Contagious Diseases of Animals Act, etc:

R. P. B. LUND, Cert. R.S.I., Cert. (Meat and Foods) from April 1936 to date.

ASSISTANT SANITARY INSPECTORS:

H. WARD, Cert. R.S.I. Cert. (Smoke, Meat and Foods).

F. MYERS, Cert. R.S.I. (Discharged from H.M. Forces. Rejoined Staff, March 1942).

Health Visitors:

Miss G. WOODS, S.R.N., S.C.M.

Miss K. LAMB, S.R.N., S.C.M. (from 1st August 1942).

Miss A. A. WALSH, S.C.M. (to March 1942).

Clerks:

Miss D. MARKLAND (from 1st August 1945).

Miss H. PATTERSON (until February 1940).

Miss H. M. QUINTON (from 13th May 1940—June 1945).

Mr. R. HEAPS (called up to H.M. Forces, October 1941. Rejoined Staff

Mr. A. ROBINSON (called up to H.M. Forces, August 1942).

† Part-time Officers employed by the Lancashire County Education Committee (since April 1945) and whose services are available for Maternity and Child Welfare Cases.

* Part-time Officers.

CLINICS.

Consultant Ante-Natal Clinics	Thursday (weekly) 9 a.m.
Additional Ante-Natal Clinics	Monday (weekly) 2 p.m.
Artificial Sunlight Clinic.....	Monday, Wednesday and Friday 2 p.m.
Orthopaedic Clinic	Monthly, 1st Tuesday in month—mornings.
*Eye, Ear, Nose and Throat Clinic	By appointment.
*Dental Clinic	Monday, Tuesday and Friday, by appointment.
Infant Welfare Centres	Cunliffe Street Methodist School, Tuesday and Friday, 2-30 p.m. to 4 p.m.
	Eaves Lane Congregational School, Wednesday, 2-30 p.m. to 4 p.m.
* Held at Lancashire County Council (School) Clinic, 20, St. Thomas's Road, Chorley.	

Mr. Mayor, Ladies and Gentlemen,

I have the honour to present to you my Annual Report for the year 1946, included with which are the statistics appertaining to the year 1945.

The demand for my 1943 Report so far exceeded my modest expectations that an insufficient number of copies were available for all those who were legitimately entitled to possess such, apart from the many who desired a copy. As there have been several changes amongst the personnel of the Council, and most of the new Members have asked for a copy, I have accordingly modelled this report on the same lines, and, indeed, have included most of that Survey Report—but brought “up to date.”

The year 1946 has seen a climax in the affairs of the Public Health Services of Local Authorities. It has witnessed the enactment of the National Health Service Act, an Act which — following the precedent of the 1944 Education Act — has completed the filching from the smaller Local Authorities of most of their present Public Health functions.

I do not propose to criticise the measure — a now futile proceeding — beyond remarking that scant acknowledgment is given that existing Health Service that has been — with all its defects — a model to the health services of other nations, that has — mostly in the past 50 years — transformed the standard of national health, and that will — in spite of its public “snub” — have to be relied upon, to ensure the functioning and co-ordination of a decidedly untidy measure.

I append a very brief summary of this Act.

SUMMARY OF NATIONAL HEALTH SERVICE ACT, 1946.

Part I. CENTRAL ADMINISTRATION.

1. Minister of Health to be generally responsible for organisation of the Service. He will be guided by an advisory body — the Central Health Services Council (35 members, recruited mainly from professional organisations) and by Standing Advisory Committees.
2. The Central Health Services Council to make an Annual Report on the working of the Services; this to be published to Parliament.

Part II. HOSPITAL AND SPECIALIST SERVICES.

1. Duty of Minister to provide all types of hospital and specialist services; the latter to be available at health centres, clinics, and at the home of patient.

2. Ownership of all public and voluntary hospitals, except teaching hospitals, to pass to the Minister — with their endowments. Teaching hospitals to pass to Boards of Governors.

Minister may acquire — by compulsion if necessary — any other hospital or medical institution, not automatically transferred under the Act.

3. Formation of Regional Hospital Boards, based on University Teaching Centres, to administer all hospitals and specialist services.

Regional Boards to appoint Hospital Management Committees for each large hospital or group of hospitals.

Teaching hospitals to be administered by the Boards of Governors.

4. Personnel of these various bodies.
5. Provision for private paying patients in hospitals, if sufficient accommodation for non-paying patients.
6. Provision for ancillary services (e.g. blood transfusion services) and research.
7. Hospital staffs to be employed by Regional Boards or Boards of Governors.

Part III. HEALTH SERVICES OF LOCAL AUTHORITIES.

“Local Authorities” are the Counties and County Borough Councils.

1. It will be the **duty** of the Local Health Authorities to provide:—

(a) Health Centres — including their equipment, maintenance and staff, except medical and dental practitioners.

(b) Maternity and Child Welfare Services.

Functions of existing Maternity and Child Welfare Authorities, other than Counties and County Boroughs, to be transferred.

Powers of delegation, similar to that of the 1944 Education Act, in respect of **Infant Welfare only**.

(c) A Domiciliary Midwifery Service.

(d) A Health Visiting Service.

(e) A Home Nursing Service.

(f) Vaccination and Immunisation.

(g) Ambulance Service.

2. Each Local Health Authority **may** provide a Home Help Service.

3. Each Local Health Authority **may** make arrangements “for the purpose of prevention of illness” **(a very wide clause, embodying the whole object of a Public Health Service—M.O.H.)** and for the care and after-care of cases of illness and mental defectiveness.
4. Provision for submission of the Local Health Authorities proposals to the Minister and to most of the new “bodies” (as Regional Boards etc.) **and to the Local Authorities** in the area. Representations of these bodies and Local Authorities **may** produce modification of the proposals.
5. Local Health Authorities required to appoint statutory Health Committees to administer above services.

Part IV. GENERAL MEDICAL, DENTAL AND PHARMACEUTICAL SERVICES.

Covers personal health services provided by general medical and dental practitioners, supply of drugs, appliances etc.

1. Duty of arranging provision placed upon “Executive Councils” — one for each Local Health Authority — to consist of 13 members appointed by Minister and Local Health Authority and 12 members appointed by local professional bodies.
2. Main function of executive councils is to contract with general practitioners and pharmacists for the provision of personal health services.
(Public to be free to choose their own doctor with that doctor’s consent and provided no statutory limit of numbers per General Practitioner is exceeded).
3. **Right** of general practitioners to enter the service before the “appointed day”, with control—after that date—of the distribution of practitioners.
4. Unlawful to sell goodwill of practices, and provisions for compensation—after “appointed day”.
5. Provisions concerning formation of special tribunal to consider service complaints reference personnel.
6. Provisions reference refresher courses for members of the service.

Part V. MENTAL HEALTH SERVICES.

Transference of functions of Board of Control to the Minister and general provisions reference mental health services.

Part VI.

Miscellaneous provision reference administrative matters, and remuneration, powers to make regulations and orders etc.

It will be seen that there are four different authorities responsible for administering the services therein — Counties, County Boroughs, Regional Boards and Executive Councils. These will have to be co-ordinated with the services of the Local Authorities (who remain responsible for environmental hygiene), with the services administered by the Ministry of Education (who remain responsible for the health of the school-child) and with the services administered by other Government departments — such as the Home Office (who are still responsible for industrial hygiene).

Who will have to be relied upon to ensure the day-to-day area co-ordination of these services but those members of the existing Public Health Service who have made a specialisation of health administration?

I would now, Mr. Chairman, Ladies and Gentlemen, draw attention to the part just mentioned — that the smaller local authorities are still left with the health functions appertaining to environmental hygiene. Surely herein awaits cultivation a vast field as yet only partially surveyed; as yet sparsely tilled; and which holds the potentialities for the exercise of those measures as yet necessary for the growth of **“positive health”**.

The Health Service Act is, after all, an act concerned much more with sickness than health. Cannot we persuade ourselves that such sickness measures have now been relegated to the limbo of services operated by the larger authorities, leaving **the future** — the propagation of **“positive health”** — still largely in the hands of the smaller authorities?.

Returning from this larger generalisation to more local affairs, I would remark that apart from the rising birth-rate and a reduction in the morbidity due to infectious diseases the year 1946 is not marked by any phenomenal variation in the health of the community.

Detailed comments upon the various aspects of local health arrangements will be found in the text of this Report; but I desire here, in this brief survey of the year, to congratulate the Council and its Maternity and Child Welfare Committee upon making the year notable by the transformation of its ante-natal and maternity service, and I feel sure I express the hope of all concerned that its efficiency will not be lost when the service is transferred and split up in 1948.

In the covering letter to my 1943 Report I mentioned — I might say “dared” — to suggest the advisability of circulating appropriate literature amongst the Members of the Committees concerned in Health services. I would not only congratulate the Members upon their ready acceptance of my suggestion, but thank them most gratefully for “sparing my head” at the time (!) and for their continued interest in its application.

As post-war reconstruction is now slowly but surely in progress I think I cannot do better than relate such to this Report in the wording of my 1943 Report, viz:—"If this (reconstruction) is to be carried out satisfactorily it can only be done on a foundation of knowledge of the past, and so I have taken this opportunity of bringing some of the past — wherein it concerns local health matters—before you. I have endeavoured to include all material information concerning the health services of the Borough; in fact to make it a *vadi mecum* for those interested, and one which will obviate the need to delve into stacks of past reports to obtain any information on any local health matter of major importance. I have tried to make it readable without it becoming a technical treatise; but of its deficiencies I am, perhaps more than most, fully aware. May I, in the interests of any reconstructive efforts affecting the local health services, appeal to the Members of the Council to read through the report carefully. If the implication of that suggestion is resented I immediately and humbly apologise to the reader, but I have, from many years' experience of presenting annual reports, formed a decided impression that annual health reports are too often merely the stimulus for a perfunctory and formal congratulation at Council Meetings, before being relegated to that bookshelf containing the novels of, say, Sir Walter Scott—and other—now-a-days unfashionable reading! I should not wish this report to languish in such company, however distinguished! However, I feel sure the lay reader of this report will find it—although like the parson's egg—instructive in parts, often controversial, and occasionally entertaining".

I have already, Mr. Chairman, Ladies and Gentlemen, expressed my gratitude to you over one matter and now I do so for your tolerance and assistance in all matters of mutual contact.

To my nursing and clerical staff and part-time colleagues I again pay tribute for a twelve month of loyal and efficient service.

I have the honour to be

Your obedient servant,

R. C. GUBBINS,

Medical Officer of Health.

PART A.

Natural and Social Conditions
and

Vital Statistics.

NATURAL AND SOCIAL CONDITIONS.

The Borough of Chorley is a compact industrial Lancashire town covering nearly 4,300 acres, of which about 680 acres were added, in 1934, from the surrounding rural area, including the Duxbury Estate (650 acres) and parts of the parishes of Euxton and Heath Charnock.

The town is situate approximately at the centre of a triangle formed by the County Boroughs of Preston, Wigan and Bolton, and is placed on elevated ground (average about 300 feet) at the approaches to the Pennine Range, which rises sharply to the East, the sea being located 10 miles to the West. The subsoil is mainly clay, with outcrops of sand and gravel.

It is somewhat typical of its kind, the majority of the houses in the "body" of the town being arranged in congested terrace fashion round the numerous mills and "works" (as prevailed at the time of the Industrial Revolution) interspersed with recent municipal housing estates. More fortunate than some areas, the town is well provided with several small green "lungs" in the form of "recreation grounds", and possesses in Astley Park, near the centre of the town, a large natural parkland of much beauty, comprising nearly 100 acres. The community takes justifiable pride in its possession and standard of upkeep. In the Duxbury Estate the town possesses, on its southern outskirts, another extensive stretch of verdant natural beauty, which should, when developed, afford an example of ideal housing development.

The principal industries are cotton weaving, spinning and bleaching, coal mining, motor works, floor-cloth manufacture, wood-turning, and steam laundries. A large proportion of female labour is normally employed.

The Town suffered considerably during "the depression" in "the thirties" but the Medical Officers of the Council failed to find any material depreciation in the physique of the inhabitants as a whole—either adults or children. War-time conditions produced a disappearance of unemployment, and resulted in a considerable measure of prosperity for the large number of skilled and semi-skilled technicians in the town.

Summarised briefly, the labour situation since the end of the war has been an initial temporary rise in unemployment, due to the closure—partial or complete—of war industries, followed by the gradual re-employment of the skilled and semi-skilled classes into peace-time industry, leaving a residuum of unemployment for a few hundred men and women who can be classed as "sub-standard labour".

VITAL STATISTICS.

Area in acres	4,292
Population—Census 1931	30,796
Population—Registrar-General's Estimate based on 1946 Census 1931	1945 29,410
Population—according to Ration Books	33,000
Number of inhabited houses (Rate Books)	9,134 9,139
Rateable Value of Borough	£162,902 £163,084
Product of 1d. Rate	£652 £647

BIRTHS.

Live Births						1946	1945
				M.	F.	Total	Total
Legitimate	...	...	...	298	250	548	405
Illegitimate	...	...	...	16	14	30	36
Total	...	...	...	314	264	578	441
* Birth Rate		...	...	...	...	18.8	16.6
Birth rate (148 smaller towns)					...	21.89	19.2

Still Births

			M.	F.	Total	Total
Legitimate			8	15	23	12
Illegitimate			—	—	—	2
			<hr/>	<hr/>	<hr/>	<hr/>
Total			8	15	23	14
* Still Birth Rate ... ..					.78	.47
Still Birth Rate (148 smaller towns) ...					.59	.53

DEATHS.

			M.	F.	1946	1945
					Total	Total
All Causes			209	172	381	405
* Death Rate					12.4	13.7
Death Rate (148 smaller towns)					11.7	12.3

Deaths from Puerperal Causes

Puerperal Sepsis	Nil.	Nil.
Other Maternal Causes	1	Nil.
Maternal Mortality Rate (per 1,000 live & still births)	1.66	Nil.
„ „ „ (148 smaller towns) ...	1.06	1.44

Deaths of Infants under one year of age

	M.	F.	Total	Total
All Causes	24	7	31	20
Infant Mortality Rate (per 1,000 live births)		...	53	40
„ „ „ (148 smaller towns)		...	37	43
Chief causes of Infant Mortality				
Premature Birth ... ..	...	...	9	7
Pneumonia ... ..	...	...	3	5
Congenital Malformations ... ..	...	...	14	6
Neo-natal Deaths (under 1 month)	...	...	27	15
Deaths from Cancer ... ..	...	...	58	62
Deaths from Measles ... ..	...	...	Nil.	1
Deaths from Whooping Cough ... ..	...	...	Nil.	Nil.
Deaths from Diarrhoea (under 2 years)	...	...	4	Nil.

* Per 1,000 total population.

CAUSE OF DEATH.

Disease	M.	F.
Cerebro-Spinal Fever	1	—
Whooping Cough	—	—
Tuberculosis of Respiratory System	4	4
Other Forms of Tuberculosis	1	2
Influenza	3	6
Measles	—	—
Acute Infectious Encephalitis	2	—
Cancer of Uterus	—	5
Cancer of Stomach	6	8
Cancer of Breast	—	4
Cancer of all other sites	24	13
Diabetes	2	—
Intra-cranial Vascular Lesions	31	36
Heart Disease	19	25
Other diseases of the Circulatory System	21	22
Bronchitis	16	10
Pneumonia	13	3
Diarrhoea	1	—
Diphtheria	—	1
Other Respiratory Diseases	6	1
Ulcer of the Stomach	4	1
Appendicitis	1	—
Other Digestive Diseases	1	2
Nephritis	12	4
Puerperal and Post-abortive Sepsis	—	—
Other Maternal Causes	—	2
Premature Birth	7	2
Congenital Malformations	8	6
Suicide	1	—
Road Traffic Accidents	5	1
Other violent causes	1	4
All other causes	18	13
	208	175

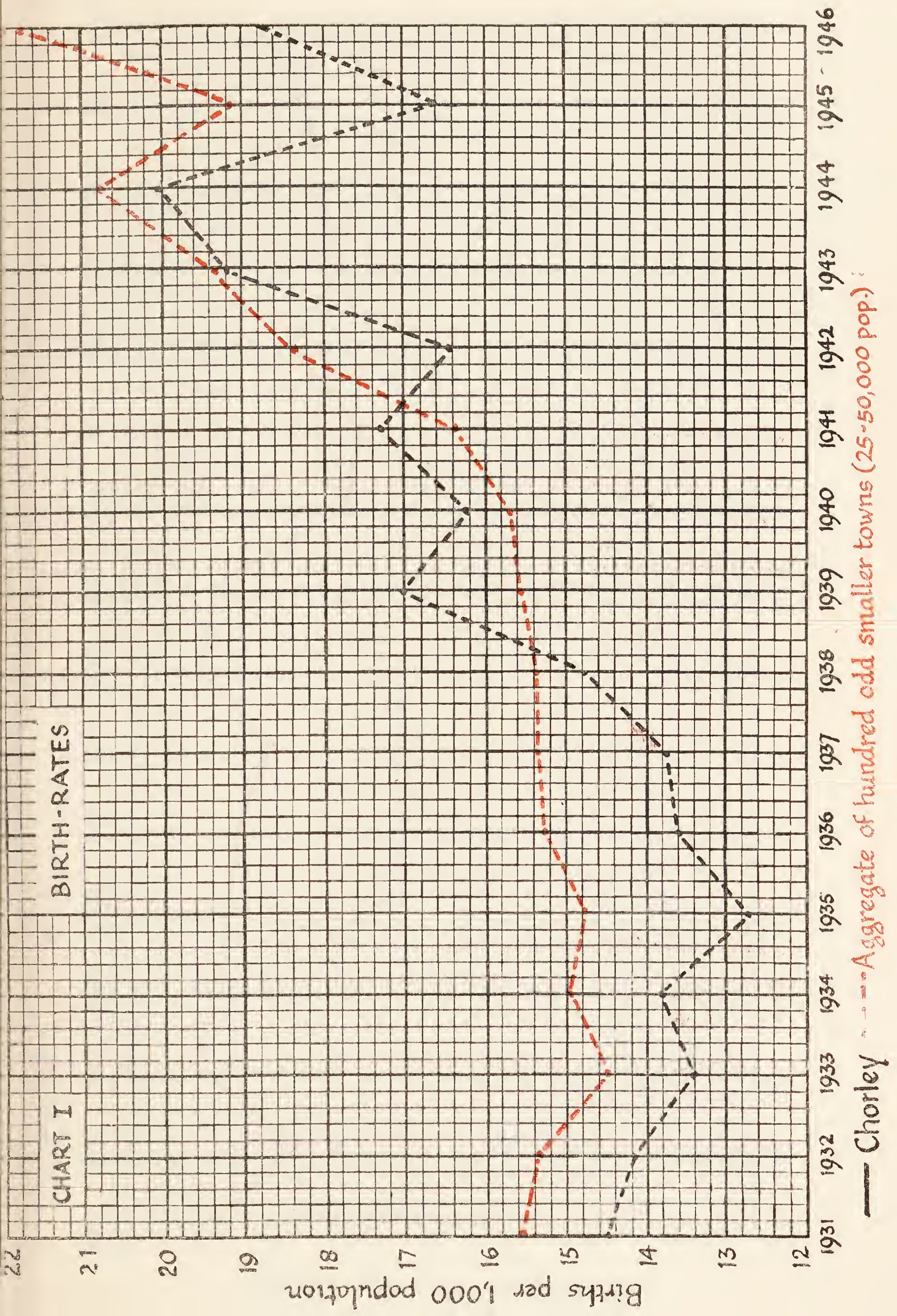
TABLE 1.

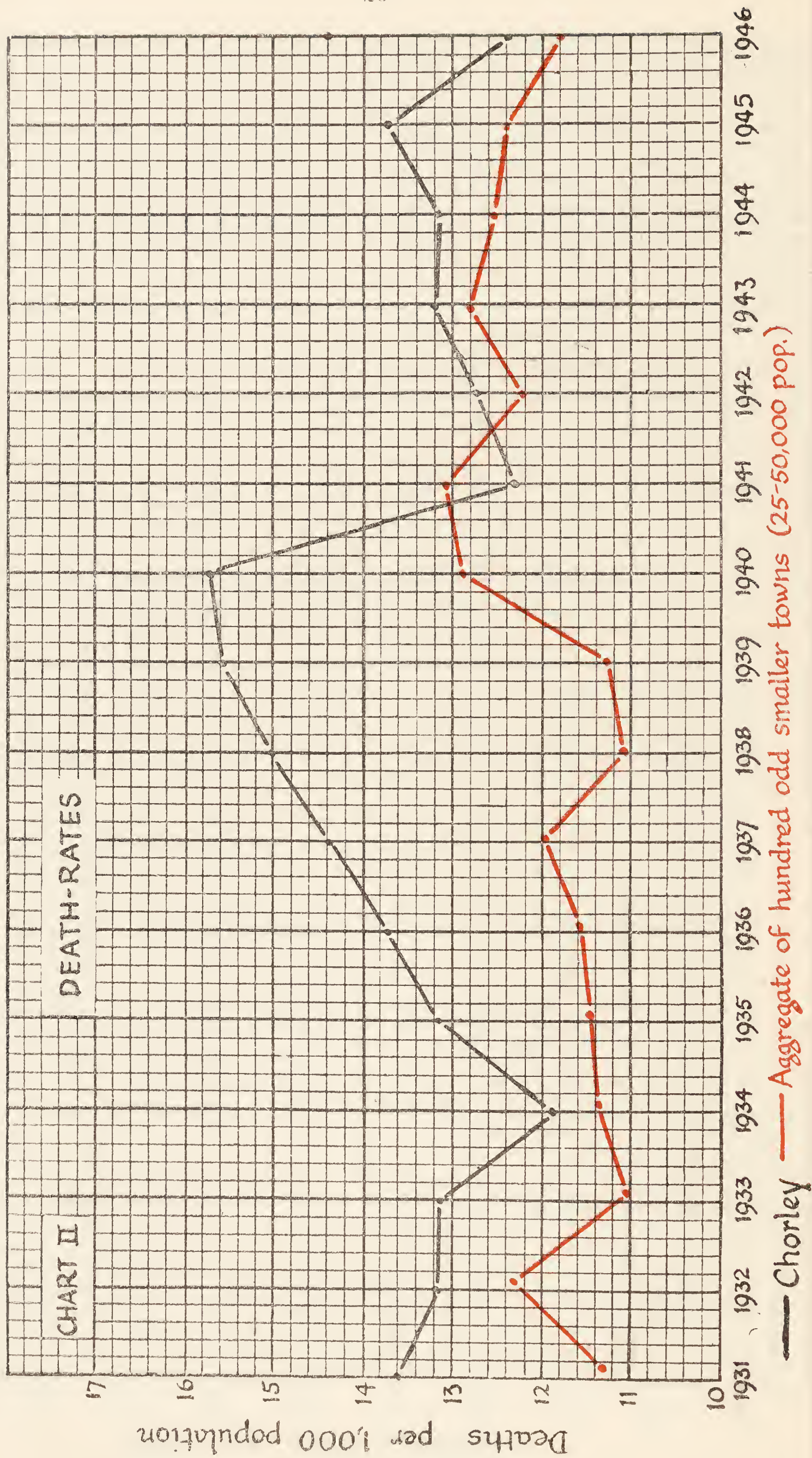
Birth and Death Rates in the Borough of Chorley since 1933.

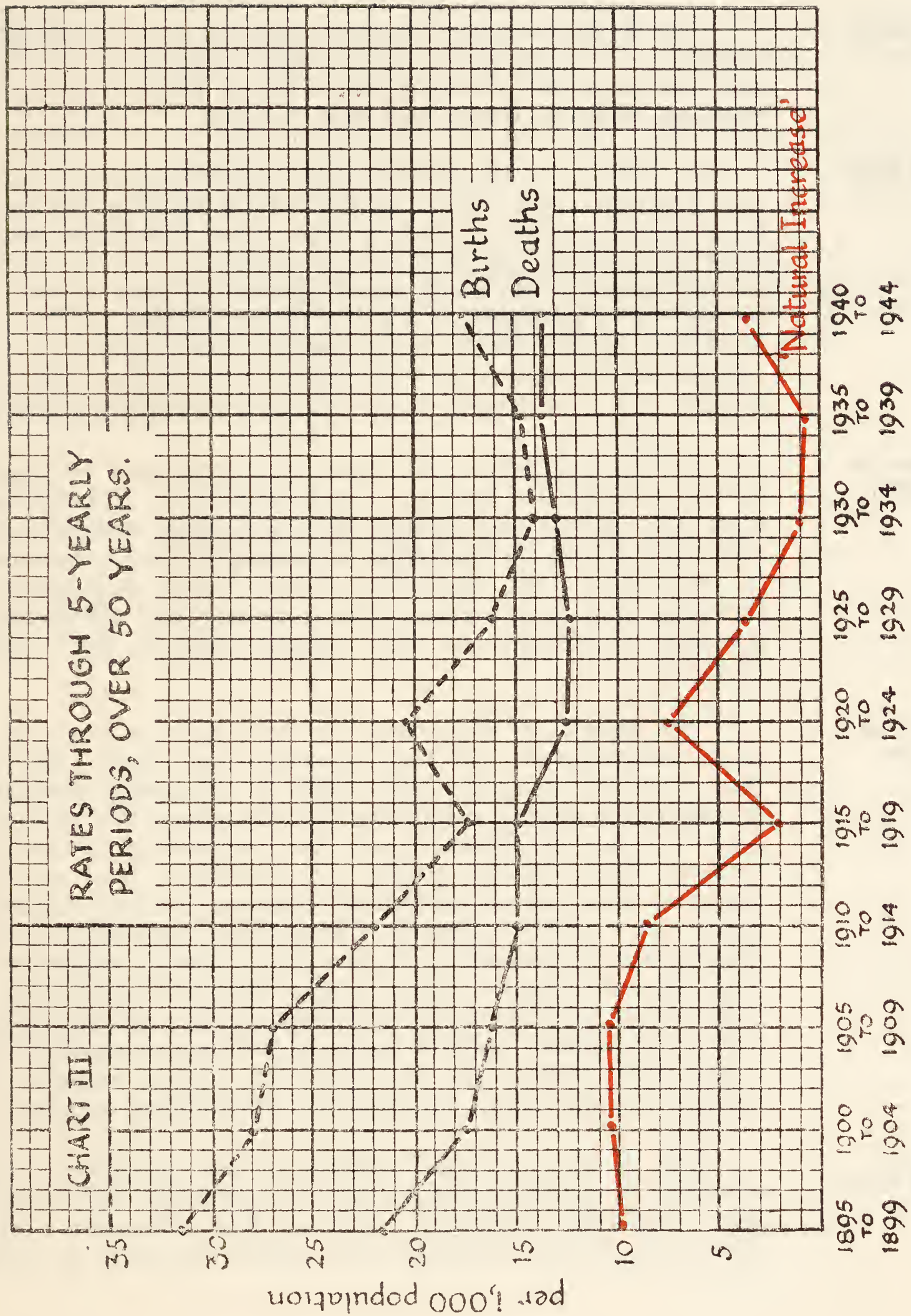
	1933	1934	1935	1936	1937	1938	1939	1940	1941	1942	1943	1944	1945	1946
BIRTH RATE	13.4	13.8	12.7	13.6	13.7	14.8	17.	16.3	17.3	16.4	19.2	20.1	16.6	18.8
DEATH RATE	13.2	11.9	13.2	13.7	14.4	15.	15.6	15.7	12.3	12.7	13.2	13.2	13.7	12.4
INFANTILE MORTALITY RATE	99.	54.	99.	81.	60.	75	77.	65.	41.	54.	40.5	42.5	40.	53.
MATERNAL MORTALITY RATE	4.58	4.46	2.4	6.75	2.25	8.14	5.47	3.86	3.53	9.52	0.	3.26	0.	1.66
NATURAL INCREASE	+2	+1.9	-0.5	-0.1	-0.7	-0.2	+1.4	+0.6	+5.0	+3.7	+6.0	+6.9	+2.9	+4.4

TABLE II.
BIRTH AND DEATH RATES THROUGH 5-YEARLY PERIODS.

	1895-99	1900-04	1905-09	1910-14	1915-19	1920-24	1925-29	1930-34	1935-39	1944	1945	1946
DEATH RATE ...	21.5	17.8	16.5	15.3	15.3	12.5	12.3	13.0	13.7	13.4	13.7	12.4
BIRTH RATE ...	31.4	28.1	27.1	24.0	17.3	20.1	16.0	14.0	14.4	17.8	16.6	18.8
INFANTILE MORTALITY RATE .	188 (decade 1891- 1900)	175	146	140	110	106	83	74.4	78.4	48.6	40.	53.
NATURAL INCREASE .	+9.9	+10.3	+10.6	+8.7	+2.0	+7.6	+3.7	+1.0	+0.7	+4.4	+2.9	+4.4







VITAL STATISTICS.

BIRTHS

Birth Rate 1945-46.

The Birth rate for the year was 18.8 per 1,000 of the population showing an increase on the figure of 16.6 for 1945 but less than the previous year when it was 20.1, although there are only 11 births less than in 1944.

Birth Rates since 1933.

In Table I. on page 17 will be found the birth rates for the Borough since 1933. This shows a decline, continuing from previous years to 12.7 in 1935, after which the rate begins to increase. As might be expected by any observer of one of Nature's consistent manifestations in time of war, this increase was accentuated by the recent conflict. The local birth rate is also illustrated in graph form in Chart I. where comparison is made with the average rate in the "100 odd" smaller towns of England and Wales (25-50,000 population).

Decline in 50 years.

The decline in the birth rate during the past 50 years is shown in Table II. (page) and Chart III. If I comment upon the serious significance of the decline, during a year when the rate is so markedly increasing, I do so, because it is imperative that Members of the Local Administrative Councils should appreciate the necessity for preventing a post-war recurrence of any serious fall in the number of births.

Causes of Decline.

The causes of this reduction in birth rate are various, often inter-related, and both economic and social. The fact that most of the fall takes place in the more prosperous classes would appear to indicate that, in view of the advancing pace of our civilisation and the increasing competitive element, these parents prefer to concentrate their available resources on a limited number of offspring, in order to provide them with a higher standard of preparation for adult existence than would be possible with the size of family customary in more leisured times. There is also the view point that the increased pace of life takes its toll upon man's nervous system, and many modern parents honestly feel—as is probably true—that they would lack the necessary mental stamina and patience to rear many children in a satisfactory manner.

Future Birth Rate.

One of the principal objects of the proposed "social security" legislation of post-war reconstruction is to increase the "available resources" such as free education, family allowances, better housing, etc., and so, not only to rebuild

the nation on the firm rocks of family life, but to ensure that a maintained higher birth rate should broaden these foundations.

Illegitimate Births.

The number of illegitimate births which increased to 9% of the total births in 1944 — shows a gratifying reduction to 2% in 1946 (7.3% in 1945).

Still-births.

The still-birth rate (i.e. per 1,000 total live and still-births) is 40 compared with 37 for the year 1945 and 39 for the year 1944.

As it has been estimated that at least 60% of the still-births are due to the accidents and complications of labour, these figures are still far too high and it is probable that they could be lowered to about half the present figure.

DEATHS.**Death Rate.**

The death rate for the year 1946 per 1,000 population was 12.4 compared with 13.7 for the year 1945 and 13.2 for the year 1944.

Death Rate since 1933.

The rate in Chorley since 1933 is shown in Table I. and is also shown in graph form in Chart II. where it is compared with the average rate prevailing in the aggregate of a hundred odd smaller towns in England and Wales (25-50,000 population). This seems to be a preferable comparison to that with the country as a whole.

The continued rise in the local rate from 1935 to 1940 is nearly wholly accounted for by an increase in deaths in persons over 45 years of age, and mainly due to the causes of heart disease and circulatory diseases, cancer, and bronchitic affections.

The sudden drop in 1941 is chiefly due to the mortality in the first groups being less than half that in 1940.

Decline in 50 years.

The decline in the rate in the Borough in the past 50 years is depicted in Table II. and Chart III. and it will be observed that it has fallen from 23.8 in 1895 to 13.4 in the five yearly period 1940-44.

Effects of Social and Sanitary Conditions.

It must concern Members of Local Authorities to know whether or not this decline has been effected by their sanitary policies.

General Improvement in all Age Groups.

Undoubtedly the vastly improved sanitary and social conditions of the past 50 years has contributed greatly to the decline, even if indirectly, by reducing the prevalence of disease — which is, after all, the purpose of preventive medicine. This is illustrated, for instance, by the big diminution in the death rate for Tuberculosis in persons over 30 years of age, in the big improvement in the morbidity and mortality rates of the still common acute specific fevers, in the complete elimination of such diseases as Cholera, Typhus and (almost) Typhoid with their high mortality rates — all examples of diseases spread by conditions of overcrowding and insanitary environment.

Age Groups.

The greatest improvement has occurred in the younger age groups, where the death rate between the age of 6 months -4 years has been reduced to one-third of the level in the years 1901-1910; but there has been a general reduction through all age groups, though least among the elderly. Cancer and heart disease continue to take their toll in the latter group and the mortality from these diseases has changed very little. They account for half of the total deaths between 60-70 years of age, but it should be borne in mind that the facilities for and skill in diagnosis of these two diseases has improved greatly, and with the increasing proportion of elderly in the population helps to maintain the mortality rate. However, the deaths from all other causes together in the age group 60-70 have been almost halved, which would appear to indicate that there is, on the whole an increased healthiness and resistance to disease among the elderly, in spite of the toll of cancer and heart disease—which incidentally, increased during the war years.

Effect of Birth Rate.

One of the greatest factors affecting the decline of the death rate is the decline in the birth rate, for the greatest mortality, apart from that occurring in the groups aged about 70 and over, occurs in the newly born. But although, on this hypothesis the slight rise in the death rate in 1945 might be said to be effected by the large increase in the birth rate in 1944, the deaths of infants during the first year of life has been so markedly reduced that the birth rate must have a correspondingly reduced influence upon the death rate.

TABLE III.

PERCENTAGE OF TOTAL DEATHS OCCURRING AT AGE :						
	0-1 years	1-5 years	5-15 years	15-25 years	25-65 years	65 years & over
1898—1907	27.2	12.1	—	—	—	—
1908—1917	21.0	11.8	3.8	3.6	35.8	24.0
1918—1927	14.1	7.6	3.7	5.1	37.7	31.8
1928—1937	8.2	4.2	2.7	3.3	38.9	42.7
1946	8.1	1.0	.26	1.3	33.6	55.7

BIRTHS AND DEATHS AND FERTILITY.

Effect on Population.

Diminution of Increase of Population.

The chief portend of the decline in these rates through the past 50 years is their indication of a progressive diminution in the "natural increase" of population, and a corresponding increase in the average age of the living population.

Altered Ages of Living Population.

The "natural increase" is the excess of births over deaths, expressed per 1,000 of the population, and the local decline is shown in Table II (page 13). It will be observed how the rate has fallen from 9.9 in 1895 to its lowest limit of 0.7 in 1935-9, with a subsequent rise which the war accelerated sharply. The increase in the proportion of elderly people in the population, and the result of the care devoted to infants and young children is illustrated in Table III., depicting alterations in the age distribution of deaths.

'Fertility.'

The trend of population is, however, better illustrated by other figures which denote the fertility of a community.

In order that a population may continue to increase, or at least remain stationary, it is necessary that each woman of child-bearing age should produce at least one woman of child-bearing age to succeed her. This produces a net reproduction rate of one or over.

If the rate is less than unity, the population will inevitably decrease.

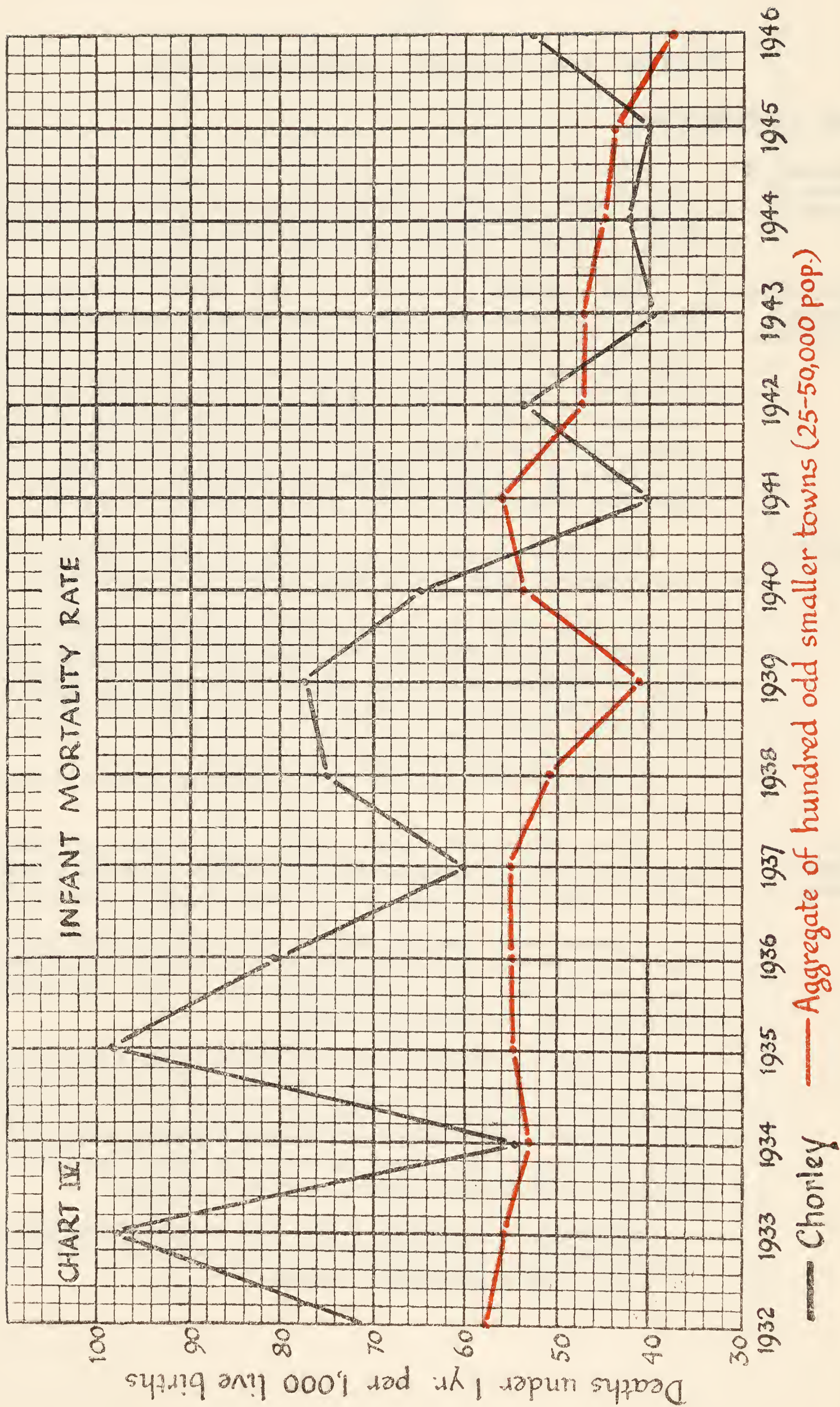
Fall of National Fertility.

It was computed, in the latter part of the last decade, that if the fall in the net reproduction rate continued throughout the country the figure for this rate would be .56 by 1970!

I regret that this rate is not obtainable for the Borough, but I have no reason to suppose, in view of the indications of the local figures for "natural increase", that the national variations are not reflected locally.

The net reproduction rate for England and Wales in 1938 was .8 "which means that with rates of fertility and mortality at the levels recorded in 1938, the women in the population will produce only sufficient children to replace each 100 of their numbers by 80 women of the same age in the next generation". (Registrar-General's Statistics Review).

Although the national birth rate increased during the war the effective reproduction rate only came in 1944 within 1% of the full replacement standard.



INFANTILE MORTALITY.

Rate in 1946-1945.

The deaths that occurred in infants under 1 year of age yields a rate of 53 per 1,000 live births, compared with 40 for the year 1945, and 42.5 for the year 1944.

The rate since 1932, compared with that for an aggregate of the 148 smaller towns in England and Wales is shown on Chart IV. The two steep rises in 1933 and 1935 were due to a large increase in the number of infants dying from congenital causes, premature birth, malformations, etc. — i.e. from an increase in the neo-natal mortality (deaths within 4 weeks of birth).

Decline in 50 years.

The gratifying decline in the Infant Mortality Rate in the past 50 years, through a series of 5 yearly periods, is shown in Table II. The rate has fallen from 188 in the decade 1891-1900 to its present figure.

The sharp rise in 1946 might have been anticipated in view of the rise in the birth rate, but more influential (though less important) is the effect of comparatively small numbers on such rates.

This infant death rate has fallen in similar dramatic fashion throughout the country, and both locally and nationally is a tribute to the great amount of infant welfare work that has been done in the past 30 years.

New Low Levels.

That the national rate continued to decline during the recent war (except for slight increases in 1940-41) and has reached new low levels, is — I have no doubt — largely due to the nutritional arrangements made for expectant mothers and young infants.

Dissection of Infant Mortality Rate.

Nevertheless, it is important to examine the infant mortality rate more closely.

National statistics show that if the rate is divided into periods the resulting figures give a much more illuminating picture of the actual situation.

The mortality rate during the first day of birth was 11.6 per 1,000 births in the 5 yearly period 1906-10 and had only been reduced to 10.7 in 1935. Similarly there has been very little decline in rate during the first week.

The second week after birth shows marked improvement, and the rate for the third and fourth weeks has been halved in the same period; but the greatest reduction has taken place between the age of 1 month - 1 year, where the rate has been reduced by 60-70%.

In 1935, in England and Wales, half the total deaths under 1 year occurred at ages under 3 weeks, and half these occurred during the first 2 days.

**Persistence of
Neo-natal
Death Rate.**

In other words, although new low levels have been reached for the infant death rate, we have not yet been able to appreciably reduce the mortality from congenital debility and deformities, injuries at birth, and prematurity — the principal causes of death during the first week after birth.

It will be noticed that 27 out of 31 infant deaths in 1946, in Chorley, occurred in the first month, and 15 out of 20 for 1945.

**Local Authority
and Infant
Mortality.**

The question of infant mortality is so much related to questions of environment which — largely interpreted — includes practically everything that affects an individual existence, that it is obvious that the rate for a given area can be claimed as an index of the general progressiveness for a Local Authority in all its functions.

That a local rate is capable of still further reduction is illustrated by the case of—for instance—the town of Oxford where the rate for 1939 was 23 and for 1944 was 25.

**Social Status
and Effects.**

I append a few further facts regarding infant mortality which the reader might well digest:—

(1) In 1937 the average rate for 6 seaside towns was 45

In 1937 the average rate for 6 industrial towns was 86

(2) Results of 1931 Census (published in 1938):

Infant Mortality Rate for 1930-32 (av. rate is 62)

* 1	Middle and upper classes	35
2	Intermediate classes	45
3	Skilled labour classes	58
4	Semi-skilled labour classes	67
5	Unskilled labour classes	77

* Social groups indicated by Registrar-General.

(3) Comparisons of rates in classes (1) and (5):

The increase in the rates of class (5) over class (1) varies as follows:

During the first month	50 %
During 1—3 months	205 %
During 3—6 months	287 %
During 6—12 months	440 %

The implication of the last table is that the discrepancy between the classes becomes greater with the prolongation of the period at which the influence of the different environment is exercised.

Independent investigators have computed that in England and Wales between 1928-38 over 250,000 infant deaths (about 63% of the total) could be attributed to adverse social conditions.

I leave these figures to speak for themselves.

MATERNAL MORTALITY.

During the year there was 1 death due to causes associated with pregnancy or childbirth, giving a rate of 1.66 per 1,000 total live and still births, compared with nil in 1945.

The rate each year since 1933 is shown in Table 1, and the average figures for the four 5 yearly periods preceding 1945 are 4.9, 5.84, 5.4 and 4.0.

The considerable annual variations are attributable to the comparatively small numbers dealt with.

Although in the last 40-50 years the death rates from nearly all other causes have progressively fallen—sometimes dramatically, sometimes steadily—the rate due to causes associated with childbirth altered very little until the last few years.

In England and Wales in 1895 the rate was 5.5 per 1,000 live births and in 1934 (40 years later) it was still 4.6. In fact, from the early twenties when the rate fell below 4, there was a slight but definite tendency to rise till the year last mentioned.

Since then there has been a steady decline, particularly since the years 1936-37 when the new sulphonamide group of drugs came into use and proved of such effect in the control of puerperal sepsis.

In 1939 the rate reached the record low figure of 2.93 and except for a slight rise in the years 1940 and 1941 there has been a still further steady reduction—in spite of war conditions—to a new low level record of 1.44 in 1945.

This eventual reduction in the maternal mortality rate during the last decade is due to several causes. First, as mentioned above, comes the advent of the sulphonamide drugs. Then—not so much “in spite” of the War as an excellent result (or at least a facility much enhanced thereby)—comes the much greater availability and use of blood plasma. And latterly there is the extensive availability of Penicillin—the development of which was, also, probably much accelerated by the exigencies of war.

That the facilities afforded the expectant mothers for extra nourishment and vitamins has also had a profound effect I feel is amply demonstrated (compare Rhondda Valley experiment—below).

And lastly there has—I think—been a decided orientation of professional and lay opinion, during latter years, towards the advisability of greater specialisation in maternity services.

The foregoing figures for mortality rates for England and Wales are a mean, of course, of figures taken from all types of areas—including the good areas (where the rate would be less than the national figure) and the “black spots”, where the local rate would be much higher. It was to these latter—and to the numerous areas “of a grey shade”—that I referred in a previous Report when I inveighed against a poor standard of midwifery services and indicated the necessity for more skilled supervision of childbirth. (Compare section 2—sub section 2, page 49).

Nevertheless, there is still room for improvement. This will necessitate extensions of existing Health Visiting Services, so that more visits can be made to the homes of those expectant mothers who attend ante-natal clinics.

It will necessitate more effort in general welfare work, when rationing controls cease, to raise the standard of living of the poorer classes—such as housing, nutritional standards, the supply of milk and meals in necessitous cases, etc. (In this connection it is interesting to recall the large scale experiment undertaken in 1934 in the Rhondda Valley, where, in spite of improved ante-natal services, the maternal mortality rate remained high, and this was considerably reduced by the provision of free meals. In another series in 1935-7 the puerperal death rate among the large numbers of expectant mothers who received extra nourishment was 1.64 per 1,000 births, whilst among control cases in the same areas the rate was 6.15!

**Industrial
Activity
amongst
Expectant
Women
considerably
increases the
Risk of
Childbirth.**

I hope it will be my privilege to bring such matters as these before the appropriate Committee in due course, for in Chorley we have to fight other natural tendencies to a higher maternal mortality rate, such as the fact that we live in “the North”, that fact of latitude itself influencing the rate adversely, and statistics prove that the rate is adversely affected by a high rainfall.

Then there is the predominant fact that in Chorley we are an industrial community, and (as so many women work in mills) attention will have to be paid to factory conditions, the general sanitation of the premises, hours, provision of meals, time off allowed for confinement, and financial adjustments for this period, etc.

PART B.

General Provision of
Health Services.

GENERAL PROVISIONS OF HEALTH SERVICES FOR THE AREA.

SECTION I.

(a) Laboratory Facilities.

The laboratory facilities afforded by the Clinical Research Association of London, were utilised from 1930-1941, when it was decided to use the more adjacent laboratories of the Preston Royal Infirmary, under the supervision of Dr. F. B. Smith.

Apart from material sent to the laboratories by my staff, reports upon any material sent by the General Practitioners, which appertain to this department's control of Infectious Diseases, are sent and charged to this department.

Chemical analyses of milk, water and foods are carried out by the County Analyst.

The bacteriological examinations of the town's water supply is undertaken by the Liverpool Corporation, who supply this department with a copy of their weekly report, and such reports are "checked" by occasional local analyses.

(b) Ambulances.

Infectious Cases.

A motor ambulance is provided by the Chorley Joint Hospital Board for the removal of infectious cases to the Isolation Hospital at Heath Charnock.

Other Cases.

The Corporation now maintains four motor ambulances at the Ambulance Depot in Pall Mall (adjoining the Fire Station) — Telephone Chorley 2744.

Two ambulances only were maintained till 1936 when a third was purchased. A fourth, elaborately equipped, was generously presented to the Corporation towards the latter end of 1943 by the Chorley Chamber of Trade.

Staffing.

The staff—now wholly maintained by the Corporation—consists of a Superintendent and 4 men. At night time the ambulances are manned by a voluntary rota of 3 drivers and 6 attendants from among the employees of the Corporation. These men receive a retaining fee and payment for each "duty call" they make.

The service is superintended with consistent efficiency by Mr. B. Gent.

Charges.

No charge for the use of the ambulance is made for conveying patients to and from the local hospitals, whether "accident" or "booked" cases. This is a free service within a radius of 24 miles. Above this distance a charge is made at the rate of 1/- per mile.

Extension of Services since 1931.

The increased demand upon this service is illustrated by the following table of annual mileages:—

Year	Mileage	Year	Mileage
1931	4462	1939	11,116
1932	4632	1940	8665 *
1933	4437	1941	7345 *
1934	5349	1942	9560 *
1935	6096	1943	11,955
1936	6306	1944	14,349
1937	8774	1945	14,187
1938	11192	1946	14,035

* The figures for the earlier war years are misleading as the service was supplemented by the Civil Defence Ambulance Service on many occasions.

Change of Responsibility.

In 1948 the Services will be taken over by the Lancashire County Council, whose duty it will be to co-ordinate and administer all the ambulance services in the County, other than those administered by County Boroughs.

(c) Nursing in the Home.

The Chorley and District Nursing Association employs three nurses, whose services are available for home nursing, but not for maternity cases.

These nurses are domiciled at the Nurses' Home, Devonshire Road, Chorley.

Expansion of Service since 1933.

The extension of the calls upon the services of these ladies is shewn by the following table. (Two nurses only were employed until 1935):—

Year	Visits	Year	Visits
1933 ...	6,370	1940 ...	11,695
1934 ...	7,054	1941 ...	11,228
1935 ...	7,178	1942 ...	11,240
1936 ...	9,106	1943 ...	10,360
1937 ...	10,388	1944 ...	12,807
1938 ...	12,733	1945 ...	13,358
1939 ...	11,899	1946 ...	13,554

The Corporation makes an annual contribution to the funds of the Association.

(d) Hospitals.**Public
Assistance.**

The Public Assistance Hospital, Eaves Lane, has accommodation as follows:—

	Men	Women	Children
Chronic sick	65	51	17
Mental cases	28	46	—
Maternity cases	—	12	12 cots

The Institution (Tel. No. Chorley 2327), is administered by the Lancashire County Council.

**Voluntary—
Local.**

The Chorley and District Hospital, Preston Road (Tel. No. Chorley 2208) has the following accommodation:—

For acute surgical cases	51
(including some medical)	
For maternity cases	20
For children	18

Out-patients facilities include provision for ear, nose and throat, radiological, eye, skin, gynaecological and orthopaedic cases as well as general medical and surgical cases. The Lancashire County Council superintend a Venereal Diseases clinic on the premises.

All these clinics are attended by medical men of consultant status.

(For the information of the Members of the Council the times of these clinics are given at the end of this Report).

During the year a new physiotherapy department and rehabilitation centre was opened.

Plans have also been produced for extensions to provide additional maternity beds, children's beds and surgical accommodation.

During 1946, 1635 in-patients were admitted and 6940 out-patients were treated, compared with 1599 in-patients and 6424 out-patients in 1945.

**Infectious
Diseases.**

The Isolation Hospital situate at Heath Charnock (Tel. Chorley 2497) is administered by a Joint Hospital Board comprising representatives of the Council of the Chorley Borough and Rural Districts and the Urban Districts of Leyland and Adlington.

**Particulars of
Isolation
Hospital.**

The accommodation at this Hospital is as follows:—

2 wards of 8 beds and 3 cots—	for Scarlet Fever cases
2 wards of 6 beds and 6 cots—	for Diphtheria cases
3 wards of 4 beds	—for Isolation cases
2 wards of 1 bed	—for Isolation cases
1 ward of 3 beds	—for Admission cases
making a total of 45 beds and 9 cots.	

Each bed has allowed at least 2,000 cub. feet of air space.

There is also an administrative block, which includes the accommodation for nurses, a disinfecting block, and a block with steam disinfectors, wash-house, boiler-house and laundry.

The hospital has its own sewage disposal arrangement, which comprise settling tank, filter beds, etc., the effluent being discharged into a neighbouring brook.

Tuberculosis,

Within the precincts of the hospital, but quite separate from it, is a Sanatorium of 49 beds for the treatment of Tuberculosis. This is administered by the Lancashire County Council.

Both the Isolation Hospital and Sanatorium are supervised by the same Medical Officer (Dr. J. Rigby, of Chorley) and Matron (Miss Sinclair) but the nursing staffs work as separate units.

**Comments on
Isolation
Hospital
Premises.**

The Isolation Hospital is ideally situated, but it requires modernising in several ways. The principal deficiency—and a very material one from the aspect of efficient management—is the lack of a “cubicle block” where individual cases of different infections and “observation” cases can be nursed and isolated with a minimum chance of cross-infection.

The hospital also lacks a small operating theatre where tracheotomy and minor surgical emergencies could be satisfactorily performed.

From my personal observation on winter days, and subsequent inquiries, it would appear that the heating system needs drastic overhaul.

There are other matters requiring improvement, but as I am not the Medical Officer to the Board, I do not propose to continue these observations. However, the above are considerations affecting the welfare of cases from within the Borough and the control of infectious diseases therein; considerations, therefore, to which I, as the responsible official, feel justified in drawing your attention.

Smallpox.

Previous arrangements between the Corporation and the County Borough of Blackburn still exist for the provision of 5 beds, in case of need, at the latter Authority's Smallpox Hospital at Finnington.

Maternity Hospital.

There is no Maternity Hospital, as such, in the town, but Maternity Departments are available at both the Chorley and District Hospital (20 beds) and the Eaves Lane Institution (12 beds), and the Corporation avail themselves of this provision.

(See "Maternity and Child Welfare").

Nursing Homes.

In 1942, one Nursing Home for Maternity cases was registered, in virtue of authority delegated to the Corporation by the County Council. This is the only Nursing Home registered in the Borough, and is known as the "Park Road Nursing Home, Park Road, Chorley." It is under the direction of two certified midwives, has provision for 4 cases, and is inspected periodically by your Medical Officer.

Institutional Provision for Unmarried Mothers.

No special provision exists, but such needs are catered for at the Eaves Lane Public Assistance Institution, of which facilities, however, most unmarried mothers are reluctant to avail themselves.

(e) Clinics.

A list of the clinics available and the times of their sessions is given at the beginning of this Report.

Clinic Premises.

In my Report for 1943 I gave a somewhat descriptive account of the unsatisfactory state of these premises for clinic purposes. As these premises were the property of the Chorley Education Authority they were transferred in 1945 to the Lancashire County Council who possess additional clinic premises nearby. This has enabled me, as a Divisional School Medical Officer to "the County", to arrange for the transfer of several of the clinics to the latter building (20, St. Thomas's Road) and has greatly reduced the previous congestion at 2 and 4, St. Thomas's Square. It has also enabled me to transfer the Artificial Sunlight Clinic from the top of the building to the ground floor and has greatly facilitated the extension of the Ante-natal Clinic.

Nevertheless, new premises are very desirable when labour and materials become available for such work, by which time all the clinic services will be administered by the Lancashire County Council (from 1948) and any altered arrangements will be that Authority's responsibility.

**Ante-natal
Clinics.**

Dealt with under Section 2.

**Orthopaedic
Clinic.**

This clinic was established in 1930 by the Education Committee and subsequently transferred to the Lancashire County Council in 1945. It is available for consultations to patients coming under the aegis of the Maternity and Child Welfare Committee. The Consultant Orthopaedic Surgeon is Mr. E. H. Strach, Assistant Orthopaedic Surgeon at the Chorley and District Hospital. Mr. F. C. Dwyer, his predecessor, resigned in March 1946.

It is staffed by a qualified masseuse as Orthopaedic Assistant. This lady attends three days a week to administer this and the Artificial Sunlight Clinic (which is closely associated with the Orthopaedic Clinic) and to carry out the instructions of the Consultant Orthopaedic Surgeon, who attends once monthly.

In the last 10 years an average of 25 children under school age received attention annually.

No child (under 5 years) was admitted to hospital during the year or in 1945 and 1 child in each year was supplied with surgical appliances.

**Artificial
Sunlight Clinic.**

This clinic was established in 1928 and was likewise transferred to the Lancashire County Council in 1945. The Clinic works in close association with the Orthopaedic Clinic, and is superintended by the Orthopaedic Nurse, who devotes three sessions a week to it.

Ultra-violet irradiation undoubtedly has its beneficial uses, in selected cases, particularly in cases of infant rickets, some skin diseases, chronic bronchitic affections, and general debility, especially during the winter months; but amongst these cases the reaction varies in different individuals, and there is no "golden rule" applicable to any particular type of case. There is no virtue in persisting with the treatment of cases which show no tendency to react satisfactorily, and fairly frequent examinations have to be undertaken to prevent uneconomical use of the lamps. Another reason for care-

ful selection of cases is the practical one that the nurse in charge can only treat a certain number of cases in a given time. As regularity of treatment is essential for success, and as this attendance imposes a time sacrifice on the part of mothers (who must attend with pre-school children), it is an advantage not to cause parents to have to wait too long in the clinic.

Moreover, there is a tendency for long-standing and resistant cases of general debility, etc. to be referred for artificial sunlight treatment — often as a last resort and as a placebo to impatient and dissatisfied parents — without full regard as to their suitability, and these cases also need “sorting”. From numerous interviews with the parents of these cases, I have frequently found that the chief deterrant to the patient’s recovery is a lack of common-sense management on the part of the child’s parent. The provision of an adequate supply of vitamins, fresh air, exercise, sleep, etc., would often obviate the necessity to try artificial sunlight, particularly if parents would value more the virtues of natural sunlight, and allow those freely dispensed rays to reach their children’s bodies.

Although it is many years since I have seen children “sewn up” into their clothes for the winter, there is still a tendency to overclothe children, and even in Lancashire there are many summer days when children could beneficially be encouraged to run about stripped to their waists; and infants could lie naked in sheltered corners, whilst the sunshine played upon their bodies for limited and graduated periods. And how fearful are many parents of cold water in bulk, externally applied to their offspring!. A good douche of cold water each morning round the chest and shoulders of children, particularly those with bronchitic tendencies, would oft-times do much more good as a general tonic than repeated attendances at an artificial sunlight clinic.

In case these opinions be held to indicate a depreciation of ultra-violet ray therapy, I would merely refer the reader to my earlier remarks.

	1946		1945
No. of children received treatment...	41	...	61
No. of attendances	595	...	789

With the transfer of this clinic to the ground floor of the premises, the opportunity has been taken by the Lancashire County Education Authority to replace the old worn-out carbon arc lamp by more modern apparatus, at a cost of approx. £80.

Dental Clinic.
(Lancashire
County Council).

During the year 32 children under 5 years of age received treatment at the hands of the School Dental Surgeon. Of these 5 received general anaesthesia with nitrous oxide gas.

These figures compare with 28 and 6 respectively for 1945.

The facilities of the clinic are also available for mothers attending the Ante-natal Clinic, but no cases were referred from the latter clinic during the year.

**Eye, Ear, Nose
and Throat
Clinics.**
(Lanc. C.C.).

During the year 17 pre-school children received consultations. 7 children were admitted to hospital for treatment of tonsils and adenoids, and in 3 cases spectacles were prescribed. The corresponding figures for 1945 are:—consultations 44, hospital cases 25, spectacles prescribed 17.

**Minor Ailments
Clinic.**
(Lanc. C.C.).

The facilities of this clinic are occasionally used for the benefit of children under 5 years of age.

During the year 14 children received treatment and there were 14 consultations, compared with 20 in 1945.

**Infant Welfare
Clinic.**

Dealt with under section 2.

**Tuberculosis
Clinics.**

Facilities for the diagnosis and treatment (the latter, to a limited extent, of course, such as the performance of artificial pneumothorax, ultra-violet light therapy, etc.) are available at the County Tuberculosis Dispensary at 30, St. Thomas's Road, Chorley.

The Dispensary is wholly maintained by the Lancashire County Council and the County Tuberculosis Officer for the area, Dr. Villiers, attends there on Tuesdays at 10 a.m. to see new cases.

This Clinic is also used as a consultant clinic for chest diseases other than tuberculosis.

Pulmonary Tuberculosis is rare in children, but there is far too much Non-pulmonary tuberculosis, and this will not be remedied till there is a vast improvement in the country's milk supply.

**Venereal
Disease
Clinic.**

Facilities for the diagnosis and free treatment of Venereal Diseases are provided by the County Council. As well as centres at nearby towns such as Wigan, Bolton, Preston and Blackburn, a Venereal Clinic was established at the Chorley and District Hospital in 1941 and attended, in a

consultant capacity, by one of the local general practitioners until March 1943, when the County Venereologist (Dr. A. Fessler) was appointed.

Dr. Fessler attends as follows:—

Tuesdays —Females... 4.0 p.m. to 5.30 p.m.
—Males ... 5.30 p.m. to 7.0 p.m.

Thursdays—Females... 10.0 a.m. to 11.0 a.m.
—Males ... 11.0 a.m. to 12.0.

The number of cases treated at this clinic in 1946 was 48, comprising 29 cases of Syphilis and 19 cases of Gonorrhoea.

Health Propaganda. Venereal Diseases.

Prevalence and Control of V.D.

Although the control of V.D. is the prerogative of the County Authority, knowledge of the situation in regard to these very dreadful diseases should be the concern of all Local Authority Members.

Syphilis is very much a “killing” disease (causing over 10,000 deaths in 1936-9), and although Gonorrhoea is more of a “maiming” disease its effects are profound upon sterility, miscarriage and infant blindness (apart from its direct injury to infected persons).

When one is aware that it has been computed that one in every ten of us suffers from some effect of congenital or acquired syphilis there is cause for us “furiously to think”.

As in previous wars, so the recent conflict produced a much increased prevalence of these diseases, leading to alarm in Government and Local Authority circles, and the enactment of Regulation 33b (in January 1943)—a regulation more notable for its deficiencies than efficiency—(in 1945 half the persons in the county area who were notified under this Regulation failed to attend for treatment). An intensive campaign was also undertaken in which V.D. propaganda was unearthed from its subterranean repository in underground “public conveniences” and brought to the light of general public advertisement. The necessity for paper economy probably accounts for the limited scope of this propaganda, which should be bolder and more inspired.

During the war “syphilis” increased more than gonorrhoea, especially in women and—sad to relate—more particularly in married women.

Prevalence in Chorley.

In some areas the former disease increased by 200% and in 1943 the number of women attending the V.D. Clinic in Chorley increased by approx. 100%. This increase of V.D. continued during 1944, and although in the latter half of 1945 the attendance fell at the local Clinic this was due to the coincident closure of the near-by military camps and a reduction in the personnel of the Euxton Munition Works. The attendances at other "county" clinics continued to increase.

The attendances at Chorley in 1946 show that the 1945 fall was purely local and temporary and that the total number of syphilis cases increased by over 25% on the previous year, though this time the increase in the number of males was proportionately 9 times greater than the females. This, reflected also in the figures for gonorrhoea—where the female cases show a large decrease, is caused by the demobilisation.

Ante V.D. Measures.

This fluctuation of numbers at the local Clinic serves best to illustrate my contention, in my 1943 Report, of the danger inherent in the close proximity of military camps and girls' hostels—and which proved not merely a "potential danger". I urged that the best way to discourage both the illicit association of young men and women and their tendency to drift into "the close confines of a bar-parlour" (often the preliminary stages of such association) was to provide additional recreational facilities for their closer **legitimate** association, preferably facilities acceptable of patronisation by the elder generation—i.e. where all can well consort, then all will well deport themselves. Who knows what distress might have been prevented if such could have been provided?

Propaganda.

Propaganda in the form of illustrated lectures, film shows, pamphlets, posters, etc. is undertaken by the County Council in association with the Central Council for Health Education. In my aforementioned report I indicated the apparent futility of some of these methods amongst certain groups of the population.

If there is any hope of inculcating correct behaviour in the population then a start must be made with the child. A proper appreciation of the place of sex in life can be helped by more biological teaching in schools, by—if necessary—the sacrifice of some part of the school curriculum to the teaching of elementary anatomy and physiology. After all, our children leave school **FULL OF FACTS AND FIGURES** and **NEVER A FACT ABOUT** their **OWN FIGURES!**

But these — and all such indirect or direct methods of propaganda — are but rungs on the ladder leading towards the establishment of that healthy **family** life that is essential to the rearing of a healthy generation.

It was with this “family” end in view that I suggested the provision of recreational facilities that could be patronised by both the younger and the elder generation — where the former could dance, watched (if desired) by the latter, and where both generations could “eat, drink and be merry” together in all propriety.

General Health Propaganda.

Health Propaganda — not just anti-V.D., anti-Diphtheria, anti-this or that, but propaganda towards POSITIVE HEALTH—will form an increasingly large part of the duties of the M.O.H. of the future; but the value of all such is immeasurably lessened unless accompanied by the provision of better environment and better facilities for the self-expression of the individual.

The National Health Service Act has taken away many of the health functions of the smaller Local Authorities, but these are still left with the responsibility for environmental hygiene and have still the opportunity of doing as much or more towards the attainment of positive health as has been done in the past by these services which they now lose.

Not all Authorities can afford or have the facilities to emulate the Peckham Health Centre experiment, but modification of such can and should be established in every community.

Community Centres are not a luxury for leisure hours; they are a necessity, providing facilities not only for the free creative expression of the individual but providing potentialities for its integration within the family circle.

SECTION 2.

MATERNITY AND CHILD WELFARE.

Sub-Section 1.

DOMICILIARY SERVICES.

Midwives.

The Lancashire County Council, being the supervising Authority under the Midwives Act, introduced in 1937 a scheme for the establishment of a domiciliary service of salaried midwives. Three of such are now practising in Chorley, and their particulars are:—

Miss A. A. Bennett,
Olive Mount, Russell Square, West,
Tel. No. Chorley 2654.

* Mrs. J. E. Dickinson,
34, Weldbank Lane, Chorley.
Tel. No. Chorley 2689.

Miss A. Christie,
5, Westminster Road, Chorley.
Tel. No. Chorley 2659.

* At the time of writing this Report Mrs. Dickinson has retired, her place being taken by Miss Collins.

Fees for the services of these midwives have been fixed according to a sliding scale by the County Council.

The number of cases undertaken in 1945 and 1946 by these midwives were:—

	1945		1946
Miss A. A. Bennett	56	.....	78
Mrs. J. E. Dickinson	34	.....	22
Miss A. Christie	42	.....	50

Two midwives are in private practice in the Borough—
at the Park Road Nursing Home.

Doctors.

G.P. Scheme.

The "General Practitioner Scheme" for ante- and post-natal supervision has fallen into disuetude.

This was a scheme whereby an expectant mother, who was not entitled to benefit under the National Health Insurance Acts, and not able to afford the services of a doctor, was enabled to obtain these services for at least three ante-natal and one post-natal examinations at her own home or at the doctor's surgery, the fee of 5/- per examination being paid by the Corporation.

Causes of Failure. I attribute to several reasons the failure of this scheme, such as :—

- (1) The very few cases where the prospective mother cannot afford the fees herself.

(I believe that most of the cases where the question of fees causes reluctance to visit a doctor belong to the class of patient who abhor what they consider "charity", such as the classes commonly known as "black-coated workers", etc.).

- (2) The little publicity given to the scheme in the first instance and the comparatively much greater publicity surrounding the Corporation's Ante-natal Clinic.

- (3) The tendency of both the general public and the midwives—and even of the doctors themselves—to appreciate that an obstetrical service is a specialised service, with the result that cases ask to attend or get referred to the ante-natal clinics when the matter of a doctor's opinion is desired.

Comment.

I do not lament over the demise of the "G.P. Scheme". Granting the premise that obstetrics is a specialised subject there is much to be said for all possible cases attending a clinic when a specialist's services are obtainable. In support of this might be quoted extracts from the report of a Departmental Committee to the Ministry of Health in 1937, wherein it was stated that amongst the commonest avoidable causes of maternal mortality were inadequate ante-natal care, and errors of judgment on the part of doctors and midwives.

Moreover, since the reorganisation of the ante-natal services, the general practitioners are more and more themselves sending their cases to "the Clinic" and this appears to be the tendency whenever there is an efficient midwifery service.

Sub-Section 2.

ANTE-NATAL CLINICS.

Three ante-natal clinics weekly are held at 2 and 4, St. Thomas's Square (see particulars at beginning of Report). They are available free of charge to all expectant mothers in the Borough, irrespective of social status, economics, or—and I mention this purposely — the legitimacy or otherwise of the pregnancy. The mothers are referred to the Clinic by the General Practitioners in the area, the County Midwives, or attend on their own initiative.

History of Clinic.

In 1937 a weekly ante-natal clinic was established as a complementary service to the monthly "consultant" clinic, which had previously been the only clinic in operation, and the Corporation provided the services of an Obstetrician in the person of Dr. Isobel T. Walsh, of Preston. Dr. Walsh attended weekly to examine routine cases and referred cases that were liable to be "difficult", or required operation, to the monthly "consultant" clinic, which continued to be attended by Dr. K. V. Bailey of St. Mary's Hospital, Manchester. Dr. Bailey also attended the Chorley and District Hospital to perform the operation of "Caesarian Section" where such was required, but for "the emergencies" call was made upon Dr. Andison of Preston.

Reorganisation 1946.

About the middle of the year under review Dr. Walsh notified her desire to resign her appointment, and Dr. Andison left Preston. Dr. Bailey, who found difficulty in reaching Chorley from Manchester for emergency work, also resigned, and the opportunity was taken to reorganise the maternity services on much improved lines. Advantage was taken of the new appointment to the Preston Royal Infirmary of a whole-time "team" of surgeons for obstetrical and gynaecological work (comprising a Senior Consultant Surgeon, Assistant Consultant and Resident Obstetrician).

By a co-operative move on the part of the Corporation and the Chorley and District Hospital Committee the "consultants" in this team were invited to the "consultant staff" at the hospital and asked to undertake the supervision of the Corporation's maternity services.

The Senior Consultant Surgeon is Mr. R. H. Corbet, M.A.O., F.A.C.S., F.R.C.P., F.R.C.O.G., and the Assistant Surgeon is Mr. D. C. Wiseman, F.R.C.S., M.R.C.O.G. The

latter attends 2 ante-natal Clinics on Thursdays and “follows up” his cases in the Chorley and District Hospital, to which are sent those cases liable to complications.

IT IS THIS FACILITY for the examining surgeon to follow up his case to the supervision of the confinement that makes this scheme not only an excellent one in itself but one that is the envy of many larger Corporations than Chorley.

A further improvement would be the same facility for the supervision of the cases that go to the Eaves Lane Institution for their confinement. Whether this would be possible when “the County” take over the M. and C.W. Services in 1948 I do not know. However, as only cases predicted as “normal” are referred to Eaves Lane the handicap is not very severe.

Attendances.

The attendances at these clinics for the year are given in the following table, and figures since inception are indicated in an accompanying table. This latter table illustrates the great increase in the use the public are making of this clinic, as also the reason why since 1940 the post-natal work has had to be curtailed. The number of individual cases has almost doubled since 1943.

SUMMARY OF ANTE-NATAL CLINICS.

			Individual Cases seen.			Attendances.		
			Local	Lanc.	Total	Local	Lanc.	Total
				C.C.			C.C.	
1945	...	...	285	176	461	905	474	1379
1946	...	...	518	284	802*	1422	761	2183*

* Between October and December Dr. Wiseman saw 301 individual cases, who made 881 attendances.

Table illustrating Growth of Ante-natal Clinics.

Attendances								Cases
1927	...	...	14	...	...	...	...	10
1928	...	...	87	...	...	...	...	48
1929	...	...	97	...	...	...	...	55
1930	...	...	192	...	...	...	...	108
1931	...	...	184	...	...	...	...	102
1932	...	...	137	...	...	...	...	82
1933	...	...	183	...	...	...	...	106
1934	...	...	198	...	...	...	...	149
1935	...	...	227	...	...	...	...	149
1936	...	...	268	...	...	...	...	180
1937 (start of weekly clinic)	...	...	451	...	...	...	...	183
1938	...	...	472	...	...	...	...	200
1939	...	...	569	(including 17 post-natal)				282
1940	...	...	824	„	84	„	„	368
1941	...	...	927	„	21	„	„	370
1942	...	...	1077	...	...	...	...	370
1943	...	...	1423	...	...	...	...	388
1944	...	...	1459	...	...	...	...	472
1945	...	...	1379	...	...	...	...	461
1946	...	...	2183	...	...	...	...	802

**Percentage of
Total Births.**

The number of individual expectant Chorley mothers attending the clinic represents 94.5% of the total births from the Borough. This percentage compares with 64.6% for the year 1945 and contrasts well with the figures of 21% in 1933, 33.5% in 1936 and 29% in 1939.

**Supervision by
G.P.'s.**

Many of the expectant mothers who do not attend the clinic obtain some ante-natal care from their private medical advisers, and of these, one hopes that more now receive at least one abdominal examination than did that proportion who so attended their own doctor in the years 1933 and 1934.

Early in 1935 a systematic enquiry was made through Health Visitors, concerning all the births in 1933 and 1934, and it was ascertained that less than half of those women who attended their own doctors for ante-natal supervision received one abdominal examination, and in less than a third were pelvic measurements taken.

**No Ante-natal
Supervision.**

The above-mentioned enquiry also elicited that in the years 1933 and 1934, 46% of the expectant mothers received no ante-natal supervision at all, and although one does not know the similar figure for 1946 this obviously must be less than 5%—surely an immense advance!.

**Improved
degree of
Supervision.**

Some idea of the improvement in the degree of ante-natal supervision in the last 10 years may be elicited by a comparison of the findings of the 1933-4 inquiry, with corresponding figures for 1946 regarding the frequency of attendances at the ante-natal clinic, and the period at which these were made.

Period of pregnancy at which examinations took place approx. percentage:—

	1933-4			1946
2nd-3rd month ...	6.0%	...	...	12.7%
4th-5th-6th month .	38.6%	...	...	63.0%
7th-8th month ...	46.0%	...	...	23.0%
9th month ...	9.4%	...	...	1.3%
Attendances made:—	1934 only			1946
1 attendance ...	48.8%	...	...	9.7%
2 attendances ...	39.2%	...	...	13.0%
3 attendances ...	12.0%	...	...	12.2%
4 attendances ...	—	...	...	12.3%
5 attendances ...	—	...	...	15.6%
6 attendances ...	—	...	...	16.2%
7 attendances ...	—	...	...	8.8%
Over 7 attendances ...	—	...	...	12.2%

It will be observed that whereas in 1934 the vast majority made only 1 or 2 attendances, approx. 65% made 4 or more attendances in 1946. This is partly due, of course, to the greater facilities offered by the establishment of further clinics in addition to the monthly clinic, which alone existed in 1934.

The first table reveals the satisfactory attendances for earlier examinations.

Sub-Section 3.

Institutional Provision.

Below are the available maternity beds in the Borough:

Eaves Lane Institution (P.A.)	...	...	12 beds
Chorley & District Hospital (Voluntary)	...	...	20 beds
Park Road Nursing Home (Private)	...	...	4 beds

Arrangements by the Corporation under their M. & C.W. scheme are as follows:—

Cases liable to complications are admitted to the Chorley and District Hospital, and their maintenance fees are guaranteed by the Corporation.

Normal cases are admitted to the Eaves Lane Institution when the home or other circumstances of the patient render it desirable that the confinement should not take place at home. Maintenance fees guaranteed.

Patients are required to contribute financially according to a scale of charges, which is:—

Free maintenance at, or under a nett income * of 27/6 per week for a family † of 2, with a weekly allowance of 7/6 per child above this e.g. free for a family of 5 with income of 57/6 per week.

Maintenance charges recoverable at the rate of 1/6 per day for every 10/- per week income over the above basic rate—and in proportion thereof e.g. a family of 5 with nett income of £4 per week will pay 23/7½ per week.

As the maintenance charges alone (apart from specialists fees) are 16/- per day at the Chorley & District Hospital and a minimum charge of £6 6s. 0d. (with an addition of 10/6 per day after 10 days) at Eaves Lane Institution, it will be obvious that this is an expensive public service. Nevertheless it is one that no one will begrudge, and one that reaps dividends providing only that it results in the saving of maternal and infant life that otherwise might be forfeited.

The number of maternity cases admitted to both of the hospitals represents 32% of the total births.

Although normal cases could—and should—be supervised by domiciliary midwives it is inevitable in a town like Chorley, where there is much old and poor housing, rendering the home circumstances unsuitable for childbirth, that many such normal cases should be referred for hospitalisation.

* Nett income after deduction of rent, insurance charges, etc.

† i.e., 2 adults.

The anticipated child being counted as a further addition to the family within a month of expectation.

Sub-Section 4.

Health Visitors.

The Corporation continue to provide the services of two whole-time Health Visitors.

† Bluntly speaking—these two Health Visitors are much over-worked and I propose to bring the consideration of the matter before the appropriate Committee. Meanwhile, to enable members of the Council to be more conversant with the duties which these ladies perform, I append a list of some of them.

Duties of Health Visitors.

Clinics.

1. Attendance at 3 Ante-natal Clinics per week (compare with 5 per month in 1945).
2. Attendance at 3 Infant Welfare Clinics per week (note increased attendances).

Home Visits.

3. Home visits with a view to:—
 - (a) Supervision of ante-and post-natal care of mothers attending the ante-natal clinics; to see that advice given at these clinics is carried out satisfactorily.
 - (b) Advice to parents on how to improve and maintain their standards of housewifery, parentcraft, and general health; with reports on these matters and the environments found.
 - (c) Supervision of all children in their district from 2 weeks to 5 years of age, with advice to parents that entails a knowledge of quite a host of subsidiary matters germane to infant welfare.
 - (d) The “following up” of defects found at infant welfare clinics (and other clinics) and investigations as to possible causes (e.g. rickets, ringworm, etc.).
 - (e) Propaganda work re special campaigns—such as the immunisation of pre-school children against diphtheria.
 - (f) Supervision of “boarded out” children, their foster parents, environment and general living conditions.
 - (g) Investigation of homes proposing to adopt children, to ascertain the suitability, or otherwise, of proposed adopters, and the environment.

* At the time of “going to Press” a third Health Visitor has been appointed.

- (h) Supervision of Home Helps—both in the home of the “help” and the home at which the latter is proposing to work.
- (i) Investigations of homes whence has arisen cases of some notifiable diseases.
- (j) Investigations of home conditions where scabies and other verminous conditions are present, with advice on treatment and prevention.
- (k) Investigation into cases of puerperal conditions, opthalmia neonatorum.

Other Work.

- 4. Special investigations of the Medical Officer of Health.
- 5. The distribution of cod liver oil and fruit juices under the Government schemes.
- 6. Compilation of records and book-keeping, which itself entails many hours of work.

Some of these functions are performed more completely than others, as, obviously, two Health Visitors could not undertake them all fully.

The most valuable part of the Health Visitor's work is her visits to the homes of the people, where she can not only disseminate advice on immediate matters, but where she can undertake propaganda and bring to public notice the various health facilities made available by the Corporation.

In fact, as their annual records of latter years demonstrate, this part of their work has had to suffer most, on account of the increasing demands made on their time by increased attendances at clinics, as well as other duties.

It is very desirable that they should undertake more work in connection with visiting homes of mothers attending ante-natal clinics in the early weeks after childbirth, but it is impossible to do so at the present time.

The following is a summary of the work of the Health Visitors during 1945-46:—

	1946	1945
First visits to babies ...	549	503
Visits to still-births ...	23	10
Re-visits 0-1 years ...	544	813
Re-visits 1-5 years ...	932	1181
Special visits to infants ...	160	161
Visits to expectant mothers	211	90
No access	—	—
Total visits ...	<u>2419</u>	<u>2758</u>

For a considerable time the Health Visitors undertook the distribution of extra clothing coupons to expectant mothers, but this duty has now devolved upon the Local Food Office.

This is, in one sense, unfortunate, as the distribution of these coupons brought the staff into contact with many expectant mothers whom they otherwise would not see.

Sub-Section 5.

Child Life Protection.

The Health Visitors act as Child Life Protection visitors. There were no foster children registered during 1946 and as the only registered foster mother retired, the children already on the register (5 in 1945) were removed from the register before the end of the year.

Sub-Section 6.

Clinics available for Infants and Young Children.

See list at beginning of Report.

Infant Welfare Centres.

Two Infant Welfare Centres are provided on premises hired by the Council, at Eaves Lane Congregational Schoolrooms, and Cunliffe Street Methodist Schoolroom, one session per week being held at the former premises and two sessions a week at the latter. (The "Town" Clinic was transferred from St. George's Street to Cunliffe Street in 1942).

A voluntary Ladies' Committee works in conjunction with each of these Centres, and undertakes the work of providing teas and assisting generally with clerical work, distribution of dried milk, vitamins, etc.

The following attendances were made at these Centres in 1946:—

Name of Centre	Number of Meetings Held	Total Attendances	Number of Individual Babies Attending		Number of M.O.H. Consultations
			0 to 1 year	1 to 5 years	
Cunliffe Street ...	95	7733	305	316	216
Eaves Lane ...	47	3384	115	194	130

The progress of the work at these Centres since 1931 is shown in the following table.

Year	Attendance	Year	Attendance
1931 ...	4,377	1938 ...	6,804
1932 ...	4,343	1939 ...	6,921
1933 ...	5,436	1940 ...	5,692
1934 ...	5,762	1941 ...	4,635
1935 ...	6,032	1942 ...	6,099
1936 ...	5,264	1943 ...	6,532
1937 ...	6,185	1944 ...	9,549
		1945 ...	10,197
		1946 ...	11,117

The Medical Officer attends these Centres as follows:—

The Eaves Lane Centre on Wednesday afternoons,
and the

Cunliffe Street Centre on Tuesday afternoons.

Advice.

The Centres are utilised mainly in an advisory capacity, medicinal treatment being rarely necessary with babies. Where such treatment is considered advisable, parents are requested to take their children to their own doctors, or to the appropriate clinic.

Every endeavour is made to see that all newcomers to the Centre are seen by the Medical Officer at their first or second visit, and much stress is laid upon the necessity of "seeing the doctor" periodically, with a view to keeping the children in good health, rather than of letting advice or treatment become necessary to counteract ill-health.

Unfortunately there is still present that tendency, noted by previous M.O.'s, for a gap to appear between the age of 2-5 years, when children are rarely brought to the Centres, except for gross ailments. Methods to bridge this gap, such as the establishment of special sessions for toddlers and increased home visiting, will necessitate more health visiting staff.

Premises.

To repeat previous protests at the unsuitability of the premises in which this Infant Welfare work is carried on would be rather futile at the present moment, when it seems unlikely that labour and material for building special premises will become available for several years. The Lancashire County Council become the responsible Authority for this work in 1948. In time they will probably have to provide Health Centres in the Town, under the provisions of the National Health Service Act and whether facilities for this work will be incorporated in such centres or not is not determined, but special provision will have to be made at some future date.

SECTION 3. OTHER HEALTH SERVICES.

Nurseries.

In the winter of 1942-3 three war-time nurseries were established in the Borough; one — “Mayfield” — by the requisition and conversion of a private residence, the other two—“Highfield” and “Duke Street” nurseries—being prefabricated huts erected on land adjacent to the Council Schools of the same name. These nurseries were for the care of infants (ages under 5 years) of mothers undertaking war work and, to comply with “shift work” requirements, were run on a 24-hour basis. Each nursery had accommodation for 40 children, but it was administratively more convenient to reduce the accommodation at Mayfield to 20 places and admit only children under the age of 2 years, keeping the accommodation at the other nurseries for children age 2-5 years.

“Highfield” and Duke Street Nurseries.

In April 1945, under the provision of the new Education Act, the “Highfield” and “Duke Street” nurseries were transferred to the Lancashire C.C. as the Education Authority responsible for the nursery care of children from 2-5 years. These establishments continue to be run on much the same lines as previously but with more educational bias and are now known as “Nursery Schools”.

“Mayfield.”

The Corporation retained the “Mayfield” Nursery and continue to administer it very much as before, except that it is now open daily from 7 a.m.—7 p.m., with 24 hour provision only for emergency occasions—as when a mother has to leave home to undergo hospital treatment. Preference is still given to working mothers.

This nursery stands in considerable grounds and, if not ideally convenient for nursery purposes, has the virtue of being an excellent nucleus for future expansion. This expansion—if any takes place—will be the prerogative of the County Council, but there remains every reason why the members of the smaller Local Authorities, who will continue to send representatives to divisional or other area committees, should have some idea as to the future of nursery work.

Every means will have to be taken to maintain and increase the national birth-rate and, subserving this purpose, nursery work of the future will be one of the many public services undertaken with a view to easing the burdens of motherhood.

I consider that such nursery accommodation might be made somewhat on the following lines:—

The future of Nurseries.

(a) Long-term Provision.

1. For the children of mothers who have to go out to work to maintain their families.
2. For the children who have become orphans either by the death of both parents or of the mother, and for whom an adopted home cannot be found, or a suitable person found to care for them.

The amount of long-term provision required will be limited, with a still further limited amount of 24 hours accommodation.

(b) Short-term Provision.

1. For the children of mothers who are temporarily incapacitated, for a period of days or weeks—as in illness or an operation in hospital, etc.
2. For mothers who wish to dispose of their children for a few hours while shopping or making other essential visits.
3. For mothers who wish to regularly leave their children for one day per week, to enable them to obtain that weekly “break” that most men now have by legal right. This would contribute not only so much to the bodily and mental refreshment of the mother, but would reflect also on the welfare of the children. By this, I do not mean that instruction to be obtained by the day’s contact with the nursery, but from the ensuing week’s contact with that restored patience and equanimity without which no parent can satisfactorily rear their children.

The short-term provision will obviously be made much more extensive than that required for long-term.

The main provisos I would make are:—

1. **Premises.**

That the nursery be set amidst grounds extensive enough for children to be able to “get away” from the staff; where they can ‘lose’ themselves and do those apparently aimless things and play those apparently aimless games that are the prerogative of childhood; where, in short, they can cease to be “brought up” and can spend an hour or so “bringing up” themselves, and where—I face the position deliberately—they can, without risk to life or serious risk to limb, take those cuts, knocks and hurts that educate them in the use of their senses, and the co-ordination of their limbs, more than anything else.

A room in the nursery should be set apart for the above purpose, where the staff would not be intrusively present!

2. **Administration.**

That the nursery be administered, to the **utmost possible** extent, on a **daily** basis, thus ensuring the essential home contacts.

3. **That concurrently with the nursery, and in intimate association with it, there should be provided classes for instruction in parenthood.**

PART C.

Sanitary Circumstances
of the Area.

PART C.

SANITARY CIRCUMSTANCES OF THE AREA.

1. (a) Water.

Source.

The town is supplied with water from the Liverpool Corporation Water Works at Rivington (the Chorley supply coming from the filter beds at "The Nab") with the exception of the properties on the Duxbury Estate, whose supply is drawn from the Manchester supply, as the pipe lines to that city traverse the area on their way from Thirlmere. The water is soft (being upland surface water) and is of an excellent domestic quality, again excepting the Manchester supply which, though pure, contains a suspension of solid peaty matter which detracts from its domestic usefulness. This drawback has also characterised the local supply during the latter part of the year, due to exceptionally heavy autumnal rains bringing down earth that practically choked the filter beds. Although, as mentioned above, this suspension does not affect the bacteriological purity of the water, its presence leads to apprehension on the part of uninformed consumers, and the industrial inconvenience caused is considerable.

Moreover, the normal plumbo-solvent action of these "soft" waters is thereby enhanced. Chemical analysis, undertaken during this period, show that the amount of dissolved lead remained within the limits usually accepted as "safe", though there were occasions when the margin was narrow.

At the time of writing this Report the water has regained its normal clarity.

Analyses.

Weekly bacteriological and periodic chemical analyses are carried out by the Liverpool Corporation who forward copies of their analyses to the Public Health Department. Since these copies were requested in 1941 the results have proved invariably satisfactory.

A periodic "check-up" of these reports is made by a local analysis.

The water supply continues to be chlorinated.

Unsatisfactory Supply.

Practically all the houses within the Borough receive a mains water supply; the exceptions being the outlying farms and cottages. These number 20 dwelling-houses (including 7 farms).

In some cases a reasonably good water is rendered of doubtful quality by poor arrangement and condition of pipes, or other extraneous cause, but in only 3 cases is the supply unsatisfactory at the source. These cases are

1. White House Cottage, Burgh Lane.
2. 3 cottages known as Temple Fields.
3. 4 houses known as Tinklers Barracks.

There are 9,136 houses on a mains water supply in the Borough.

Pressure.

The pressure of water in some parts of the town is not good and leads to consequent neglect of all those main cleansing functions for which water is used—from flushing the closets to flushing of yards, etc.

The onus for this lies not upon the Water Authority but upon the owners of property, for almost invariably the fault lies in there being several properties receiving water by branches from one “service” pipe, which often enough is in itself of insufficient calibre and corroded with age. There is ample pressure in the mains.

When labour becomes more available these unsatisfactory localities will have to receive the attention of the Council.

In 1938 a water tower, erected at the higher part of Preston Road, came into operation to “boost” the pressure in the neighbouring mains.

Consumption per head.

The average daily consumption of water per head of population is about 27.8 gallons. (This figure includes the town’s use of water for industrial purposes, as well as domestic).

(b) Drainage and Sewerage.

Change of System.

The outlying farms and cottages in the Borough are the only parts not served by the water carriage system. This, till 1936, was of the “combined system” whereby the surface water drainage and foul sewerage was carried away in the same sewers. In 1936 the Council approved a scheme to provide separate drainage for these and up till the end of 1939, 4,522 yards of sewer and 7,052 yards of surface water drains were laid. The war held up further extension of this policy.

Sewers.

There were no extensions of the sewers undertaken in 1945-6.

Sewage Disposal Works.

The sewage disposal provision for the Borough consists of a Main Works at "Common Bank", at the extreme western boundary of the town, and three subsidiary works at Cowling, Heapey, and Botany. These serve areas where it would be impossible, without tunnelling or pumping, to convey the sewerage to the Main Works which serve more than three-quarters of the Borough.

Main Works.

The Common Bank Works consist of detritus tanks, sedimentation tanks, storm-water tanks, percolating bacterial filters, humus and sludge digestion tanks, and sludge drying beds. The effluent is discharged into the river Yarrow. These works were largely extended and re-organised between 1927-30, and again extended in 1937-38 to take the sewerage from the Parish of Euxton and its large factory. The average daily flow through this works is about 2,000,000 or more gallons, varying between a dry weather flow of about 1,000,000 to a wet weather flow of 6-7,000,000 gallons. Hitherto, the calls on the works have been well within its capacity, and a satisfactory effluent is maintained.

Subsidiary Works.

The three subsidiary works are managed on the principles of chemical precipitation, filtration, and land irrigation. These works are obsolete and ineffective for their purpose, the effluent being wholly unsatisfactory and as soon as possible discontinuance of these works is strongly advised. Any scheme for the drainage and sewerage of the eastern valley and Duxbury areas should provide the opportunity for this, as the extension of a main sewer (which would be inherent in such a scheme) "round the back" of the town, would serve to drain those areas now serviced by these subsidiary works.

2. Rivers and Streams.

The rivers and streams in the Borough are inspected regularly by the Inspectors of the Ribble Joint Committee.

It would be correct, but misleading, to repeat the statement in the annual reports of this department for the past 20 years or so, and say that "no complaint" of pollution has been brought to the notice of the department, for such complaints do not reach this department. The complaints have been made, but the Rivers Inspectors are as aware as the Local Authority that nothing can be done at the present time. Having come to Chorley from an area where pollution of a stream by unsatisfactory sewage effluent involved the local Council in a law suit entailing compensation amounting to "five figures" I feel it my duty to draw the attention of the Council to the present state of affairs.

3. (a) Closet Accommodation.

Closet accommodation in the Borough at the end of the year 1946 was as follows:—

14	Privy middens.
19	Closets attached to above middens.
83	Pail closets.
798	Waste-water closets.
9152	Fresh-water closets.

The privy middens and pail closets are located amongst the farms and outlying properties near the Borough boundary, and none exist where sewers are available. They are mostly emptied by the owners, but the Corporation undertakes the emptying of some privy middens and pail closets. This work is done during the daytime, and the contents are either buried in land or conveyed to the main sewerage works. By agreement the Chorley Rural District Council undertakes the emptying of pail closets at Birkacre.

Conversion.

All new houses are fitted with fresh-water closets.

No conversions from conservancy systems were made during the year 1945, but during 1946 there were 2 conversions of privy to pail closets and 10 conversions of waste-water to fresh-water closets.

Since 1931 the following conversions have been made:—

Privy closets to pail closets	...	...	...	10
Pail closets to fresh-water closets	...	...	...	2
Waste-water closets to fresh-water closets	...	...	...	153

(b) Public Cleansing.

Streets.

The cleansing of streets and clearance of snow is carried out by the Borough Engineer's Department.

Houses and Trade Refuse.

The collection of house and trade refuse is carried out under the supervision of the Chief Sanitary Inspector.

Condemned meat and offal is disposed of by removal to Gallagher's (Offal Works) of Wigan.

The refuse from over 9,400 covered ash-bins is collected in approved motor vehicles, of which the Council now possess five—2 "S.D. Freighters" and 3 "Karriers", 2 of the latter being purchased during the year.

The great majority of the bins are emptied weekly but breaks occur in the regularity and some bins are emptied only every 2 weeks. In a town the size of Chorley, if this service is to be run with due economy, these breaks are almost inevitable and are due to such occurrences as national holidays, variations in the distances of "tips", calls upon the vehicles by other departments for emergency operations (particularly at a time when there is an over-all shortage of vehicles and hiring is difficult), and break-downs in the vehicles themselves. Nevertheless, I feel that this service will have to have some reorganisation, as the costs remain increasingly high in spite of the purchase of costly and more efficient vehicles. Whether the collection of refuse and its disposal should be separately administered may be a debatable matter, for instance.

Controlled Tipping.

The refuse, with the exception of condemned meat and offal and those articles recovered under war-time salvage schemes, is disposed of by controlled tipping at a site at Bir-kacre. This is approaching the limit of its capacity and a new site will shortly have to be found. This policy, commenced in 1937, was wholly resorted to in 1938, after the closure of the destructor works and a Ministry of Health enquiry into proposals of the Council concerning refuse disposal.

Salvage.

The salvage schemes instituted during the war continue, if not unabated, at least without marked variation in the time and wages of men over its collection and disposal. What is lost in public enthusiasm in "putting out" is somewhat made up by an increase in the quantity of available salvage material, especially paper.

Pig-food.

The salvage of pig-food does continue with little abatement from the war years. The 20 receptacles that were "placed" in 1941 expanded to over 400 in 1944 and collections from this number still continues.

In 1944 it became obligatory upon the Corporation to send all the collected pig-food to Wigan to be cooked (this is necessary for the prevention of pig disease) and concentrated. The raw food is sold to the Authorities at Wigan and re-purchased by this Corporation as "concentrate", which is then sold to the pig rearer.

The amount of raw food collected during the year was 318 tons and valued at about £480. The amount reclaimed from Wigan as concentrate for re-sale was about 260 tons and valued about £1,067.

Nevertheless, this service is not run at a profit the cost of transport (including men's wages) absorbing all the "returns".

The retail price of the concentrate is 4/8 per tin for the first 4 tins and 4/5 per tin for 5 or more tins (average weight per tin is 112 lbs.).

There are 5 licences issued to private collectors of kitchen waste.

A person keeping less than 5 pigs, 5 breeding rabbits or 50 poultry, or who is a member of a registered pig club, may collect waste kitchen food without licence.

Welfare.

The collection of refuse and salvage in all weathers is not only an onerous occupation but an arduous and oft-times unpleasant one, and one that—like that of the miners—calls for the provision of certain "welfare" measures.

Most of the refuse collecting staff possess no baths in their homes and the provision of "showers" at the Depot should be an elementary consideration. As many of the staff do not return home for their luncheons the provision of a communal mess room and facilities for the storage of protective clothing (which likewise should be provided) might justifiably be undertaken.

Sanitary Yard.

A nucleus for the above provision already exists at the Sanitary Department's Yard (Back Street) which covers a considerable area and where consideration might well be given—when labour and materials are available—to a re-organisation of the "lay-out".

(c) Cleansing of Drains and Closets.

This work, which suffered much during the war years from shortage of labour, now employs 3 men.

Some of the work, where the repairs necessitate excavation, is undertaken by the Borough Engineer's Department. During the year the following work was done:—

- 3,811 Pure Water Closets examined and cleaned.
- 537 Waste Water Closets examined and cleaned.
- 10,621 Yard Drains examined and cleaned.
- 237 Pure Water Closets stopped up have been opened.
- 135 Waste Water Closets stopped up have been opened.
- 637 Yard Drains stopped up have been opened.

(d) Lavatories and Urinals.

There are 23 public lavatories and 5 urinals in the town, and the supervision of these is under the control of the Chief Sanitary Inspector. They are cleaned and maintained by a staff of one male (full-time) and two females (part-time). Owing to the obsolete character of many of these conveniences and to their misuse on several occasions, accentuated by their general lack of repair (no painters available) and the depredations of individuals who break open locks and cash boxes, etc., their present state is anything but desirable.

The modernisation of these conveniences and the provision of more such accommodation is urgently necessary, and both from the point of view of public health and the self respect of the Council, this should be undertaken as soon as possible.

These improvements have been urged annually by your M.O. since 1934, but all that is manifested is a glaring instance of the adage that "procrastination is the thief of time". Re-organisation undoubtedly has its grave difficulties, but it is imperative that these should be "faced" and a scheme prepared that can be put into operation when conditions permit.

4. Shops and Offices.

There are 750 registered shops in the Borough.

During the year 235 visits were made in regard to the provisions of the Shops Acts and 17 Notices served. Verbal notices were also given for the contravention of the Shops Acts, and Public Health Act (1936) (in regard to sanitary conveniences). Many notices were so served in connection with the display in shops of notices containing the provisions of the Shops Acts—the failure to do this continuously constitutes one of the most frequent contraventions.

There are some inherent difficulties in supervising the practical application of the Shops Acts provisions—such as in obtaining the maintenance of requisite shop temperatures, where shops insist on street doors being kept open for the easy access of customers; and although most shops employing female labour provide the requisite number of chairs, whoever saw a female assistant daring to utilise one?!

There is a general deficiency in the facilities for consuming meals on shop premises; other provision than a packing-case for a chair and the window-sill for a table should be enforced.

5. **Camping Sites—Tents, Vans, Sheds, &c.**

One caravan is situated within the Borough and used for human habitation with the consent of the Corporation.

Under the Chorley Corporation Act 1936 (section 92-3) no tent, caravan or similar structure is permitted to remain within the Borough, nor is it permitted for any land to be used to provide accommodation for such, without the consent of the Council.

More stringent powers are necessary to enable the Department to deal with these dwellings immediately on their discovery, as much damage is often done to private property, particularly by "gypsies", within 24-48 hours before the whereabouts of these mobile dwellings are ascertained.

6. **Smoke Abatement.**

15 Smoke observations were made during the year and 30 visits were made to factories. 2 excessive emissions of smoke were recorded.

Perhaps the most troublesome case was that of a laundry, where the nuisance was accentuated by the low height of the chimney, but this has now been rectified by the erection of a new and higher one.

The work of smoke abatement—always a long struggle against indifference and vested interests—is more than ever difficult in these first post-war years, when the emphasis is upon increased industrial out-put. This, to the unthinking person, is incompatible with smoke abatement. The error is fundamentally wrong, for the more efficient the coal-burning plant (i.e. the more such plant consumes its own smoke) the more heat is produced. This means more power in industry and warmer homes, and a larger saving in fuel. It is estimated in this country that the out-put of 10,000 miners is wasted in the form of unburned coal that enters the atmosphere, and that the cost of smoke to the nation is £100 million a year.

The emission of much smoke can be ascribed to three factors—inefficient plant and/or inefficient stoking, and unsuitability of the fuel. At the present time the last is a frequent cause and the blame cannot be put upon the consumer, who has to take what he can get and be thankful for it.

Moreover, however willing the consumer may be he has difficulty in obtaining new and modern plant, which—if eventually obtained may not be suitable to the fuel he receives.

But although the smoke from industry is more spectacular, the largest contribution to a smoke-laden atmosphere is made by the domestic consumer, and here the remedy is harder, for the efficient coal-burning fire is generally an enclosed one and the age-long prejudice in favour of the cheerful open fire is hard to eradicate. A good start can be made by insisting upon modern smoke consuming fireplaces being installed in all new houses, and I believe that the production of these, for this purpose, is being accelerated.

In a previous Report I suggested that Chorley might be a "better place" after the War but would not be a "brighter" one unless the tonnage of soot that is annually deposited upon its streets and buildings is considerably reduced. I failed to mention what is more important—that it cannot be a healthier place, for — especially in winter months — the smoke in the atmosphere absorbs 50% of the sunlight.

Towards the end of 1944, a "soot deposit" gauge was purchased and this reveals that the total solids deposited annually by smoke upon this town is as follows:—

	1945	1946
Tons per sq. mile ...	180	206

The average monthly deposit was 14.9 for 1945 and 17.2 in 1946.

No wonder the curtains need frequent washing!

May I again appeal to the Council to take the often-repeated advice of their former Medical Officers and make a bye-law—when such are countenanced again—under Section 104 of the Public Health Act 1936, whereby

"That the emission of black smoke for a period of two minutes in the aggregate within any continuous period of 30 minutes from any one chimney in a building other than a private dwelling-house shall, until the contrary is proved, be presumed to be a nuisance".

This is in accordance with the Ministry's bye-law on the matter.

I would like to repeat an observation on this subject made in a previous Report. Most towns leave their smoke abatement work to their Sanitary Inspector. The disability from which these officials suffer is not lack of knowledge, but lack of sufficient time in which to make that individual approach to the industrialists, whose co-operation is the essential factor in this matter.

* Surely in such an area as Lancashire there is sufficient industrial plant within quite a small compass to make it worth the while of neighbouring authorities to combine in the information of a statutory joint committee for smoke abatement purposes. Such a body would employ and supervise an inspector or inspectors, whose whole-time activities would indisputably result in much benefit to the constituent authorities.

7. **Swimming Baths and Pools.**

There is one privately-owned open air swimming pool in the town, in addition to the Corporation Swimming Bath. This pool is not open to the Public. Both are inspected and tested by the staff of this Department. 6 samples of water sent for analysis during the year were reported as satisfactory.

The Corporation's Public Baths were opened in 1938. They comprise "slipper" baths and swimming "plunge" with a modern plant for the filtration, chlorination, de-chlorination and heating of water, and efficient laundry facilities. The dressing cubicles are of sheet metal, and the whole premises arranged to facilitate "hosing down".

These baths are much appreciated and utilised by the public including the schools, and although the premises are up-to-date in almost every way there are occasions when the entrance of solid matters in the "plunge" transforms its normally clear and limpid water to the likeness of our coastal seas".

This is due to the lack of provision for the unavoidable passage of bathers through a **foot-bath** which they ought to navigate before entering the plunge, and of a separate passage way for Staff to traverse the building.

8. **Eradication of Bed Bugs.**

No. of Council houses found infested ...	31
No. of Council houses disinfested ...	—
No. of other houses found infested ...	3
No. of other houses infested ...	2

* The Corporation has now become a member of "The Manchester and District Joint Committee for Smoke Abatement", but this has not yet become a Statutory Authority.

Most of the above infested Council houses were located in the Wordsworth Terrace and Ashby Street areas. Notices were served on the tenants to disinfest their houses, but no tenants engaged the Sanitary Department to do the work for them at their own expense.

The Council approved a resolution that:—

- (a) An empty house must be disinfested at the expense of the owner.
- (b) An occupied house must be disinfested at the expense of the tenant.

Disinfection of premises is performed by the use of Cimex or spraying with Zaldecide or other vermicide. Bedding and other suitable material is treated by steam disinfection.

The addition of the new insecticide “D.D.T.” to preparations used in this work has greatly improved the results and lessened the frequency with which this work has to be done.

This work can be carried out by the Local Authority unless circumstances necessitate the use of cyanide gas, when a contractor is employed; as when the belongings of certain people who are about to occupy a Council house need disinfection.

These pests are sometimes exceedingly difficult to eradicate, particularly from temporary buildings constructed of “breeze” with plywood lining. In such conditions the only satisfactory method is fumigation by cyanide or else destruction of the building by burning.

A method of fumigation by heavy Naphtha vapour is probably as effective as cyanide, without the attached risks of the latter method, but it requires a specially trained staff.

9. Schools.

The following table gives details of the sanitary accommodation of the schools in the Borough.

		School Popula- tion (Average on Roll.)	Water Closets.			Urinals.		No. of Children to each W.C.
			No. of Pedestal W.C.s flushed with separate cisterns.	No. of Pedestal W.C.s flushed with automatic cisterns.	No. of Trough Closets flushed automati- cally.	No. with Sparge Pipes.	No. without Sparge Pipes.	
Duke Street, Mixed	... B.	147	4	...	...	...	1	36
	G.							
„ „ Infants	... G.	222	12	...	...	...	...	18
	B.	73	2	...	...	..	1	36
Highfield Mixed	... B.	85	4	...	...	2	...	21
	G.	115	8	...	...	...	...	14
„ Infants	... B.	68	2	...	...	1	...	34
	G.	52	5	...	...	...	...	10
All Saints'	... B.	67	...	3	...	...	1	22
	G.	65	...	6	...	...	...	10
Weld Bank	... B.	149	...	...	4	...	2	37
	G.	172	...	...	8	...	...	21
Sacred Heart Infants	... B.	63	...	...	3	...	1	21
	G.	53	...	...	3	...	...	17
„ „ Mixed	... B.	147	...	...	5	...	1	29
	G.	132	...	...	5	...	...	26
St. James' Infants	... B.	125	...	...	7	...	1	17
„ „ Mixed	... B.	107	...	...	4	...	1	26
	G.	84	...	...	6	...	...	14
St. Mark's	... B.	16	...	...	2	...	1	8
	G.	21	...	...	3	...	...	7
St. Peter's Infants	... B.	55	...	...	4	...	1	13
	G.	46	...	...	5	...	...	9
„ „ Mixed	... B.	90	...	3	...	1	...	30
	G.	84	...	8	...	...	...	10
St. Joseph's	... B.	50	1	...	...	...	1	50
	G.	64	2	...	...	...	...	32
St. George's Infants and	G.	292	...	...	10	...	1	29
	B.	150	...	...	4	...	1	37
Hollinshead Street...	... B.	97	1	...	4	2	...	19
	G.	78	...	5	5	...	...	7
Parochial Infants	... B.	27	...	...	4	...	1	6
	G.	121	...	...	6	...	...	20
Parochial	... B.	97	1	...	4	...	3	19
St. Mary's Infants	... B.	58	2	...	...	...	1	29
	G.	67	5	...	...	...	...	13
„ „ Mixed	... B.	114	3	...	...	...	1	38
	G.	131	5	...	...	...	...	26

Most of these schools are "Church schools" and most of these (not all) suffer from the usual defects of Church schools of ancient lineage. I would particularly draw attention to the hopelessness of trying to educate children in health matters when they have to spend their schooling hours in premises often deficient in lighting, often deficient in ventilation, when washing facilities are of the most meagre, and where they must suffer the horrors of trough closets.

I know that these considerations seriously disturb the minds of the members of the Divisional Executive Committee, and that the war has postponed re-organisation of schools, but their recital is appropriate to this report.

10. Sanitary Inspections of the Area.

(Incorporating extracts from the Chief Sanitary Inspector's Report).

Total No. of sanitary inspections by Inspectors	5244
No. of premises showing defects or nuisances...	1119
Informal notices served	1119
Informal notices complied with... ..	915*
Informal notices not complied with	510*

Statutory notices served under:—

(a) Housing Acts	1
(b) Public Health Acts	9
(c) Chorley Corporation Act... ..	25
Statutory notices not complied with	13

Much of the work of the Sanitary Inspectors is dealt with in other sections of this Report, and the following sub-heads mostly comprise extracts from the Report of the Chief Sanitary Inspector. These extracts are either not applicable to the above-mentioned sections or give such detailed amplification of them as would obscure their salient points.

Verbatim extracts are given in inverted commas.

Ash-bins.

"All ashbin orders were supplied but the demand exceeds the supply and stocks cannot be built up. A waiting period of 3 months often occurs. The cost of these bins to the purchaser is 29/6, i.e. £1 more than in 1939. These have been very difficult to purchase, and a large number of cheaper bins have been purchased by property owners which became worn out in 6-7 months (the bins, not the owners!). A few of these

* These totals include notices complied with (and not) from the previous year.

bins lasted 2 years, and their owners expecting much longer life from them, the refuse men were much blamed for rough handling of these flimsy containers. It was easy to vindicate the workmen by showing complainants the condition of neighbouring Corporation bins which had withstood the rigours of emptying for 15 years.

Offensive Trades.

There are 5 premises registered for the purpose of carrying on trades classified as "offensive", namely: Tripe dressing 4, and gut scraping 1.

"These premises are all inspected to see that they conform to the bye-laws. The tripe dressers were inspected 21 times during the year and the gut scrapers several times a week. The gut scraping premises adjoin the abattoirs, and are owned by the Corporation and rented from them. The floor of these premises was relaid and the ceiling extensively repaired in 1943. The other 4 premises are old and unsatisfactory but will have to await the availability of labour and materials before reconstruction can be undertaken".

Diseases of Animals—Acts and Orders.

Anthrax Order 1938—No action.

Foot and Mouth Disease Order 1938.

The order was operated in June when 28 movement licences were issued and 27 licences issued from outside Districts were checked.

Importation of Animals Act.

7 licences were issued and 40 from outside areas checked.

Transit of Animals Order 1931.

This Order deals with the conveyance of animals to prevent unnecessary suffering. Several minor contraventions dealt with and rectified by informal action.

Tuberculosis Order 1938.

20 Notices of Intended Slaughter were received (Form C.).

6 copies of notice requiring owner to detain animals were received (Form A.).

No Form A. notices were served on Chorley Cowkeepers.

20 bovines were slaughtered in the abattoirs.

Swine Fever.

13 Movement licences were issued and 29 licences issued by outside authorities were checked.

Rats and Mice Destruction.

68 premises were dealt with during the year.

It is only when the country's stocks of food assume the importance that they do in both war-time and the present post war years that people begin to show concern over the depredations of these vermin, which annually amounts to millions of pounds (sterling) throughout the country as a whole.

In 1943 the Ministry of Food took action, under the Emergency Defence Regulations, to promote—in conjunction with Local Authorities—a campaign for the strict control of rodents. It was suggested that Local Authorities enrol whole-time “rat officers” to undertake this work (under the supervision of the Chief Sanitary Inspector), and that their first functions should be to make a survey of the sewers in the area.

Many Local Authorities had previously dealt with this matter in a piece-meal fashion, by action only on the receipt of complaints by tenants or owners of individual premises. This method mostly fails to take cognisance of the major sources of infestation, such as drains and sewers, and it is to these possible sources that the Ministry suggested that Local Authorities should turn their attention.

In April 1944, the Corporation appointed a whole-time “Rodent Officer” to work under the supervision of the Chief Sanitary Inspector. Considerable work was undertaken in conjunction with a propaganda campaign to stimulate public support, and from the comparative figures for the first year's work and those of subsequent years (given below) it would appear that a considerable benefit accrued.

But these figures (for 1946, at any rate) must be considered with the Chief Sanitary Inspector's final remark.

The whole-time official resigned early in the year under review and the Council approved of 3 part-time men undertaking this work. “These three men attended a short course in rodent extermination, as arranged by the Ministry of Food, but one left in November. During the year the Ministry of Food indicated that Local Authorities might make no charge for the disinfestation of dwelling-houses, but stressed the necessity for maintaining charges on other premises—factories, small-holdings, etc.

Since it became known that a charge would be made, the number of complaints of rat infestation has diminished rapidly!''.

	1944	1945	1946
Complaints received	450	334	68
Houses visited	1024	2238	49
Shops visited	834	1346	8
Factories & Workshops visited	679	142	8
Stables visited	687	(	3
Sewers & drains visited ...	749	(1644	12
No. of pre-baits	2793	3468	211
No. of pre-baits taken	1932	2268	164
Census of Rats	21406	3600	366
No. of poison baits laid ...	2099	2970	295
No. of poison baits taken ...	1225	2011	248
Census of dead rats	21006	2011	284
No. of dead rats found ...	1214	967	94
Mices infestation dealt with ...	340	306	17

* Lethal Chambers for Dogs and Cats.

The two chambers at Bengal Street Store Yard are to be moved to the Back Street Yard as soon as labour is available.

Both chambers are almost unserviceable and new ones will have to be provided.

Rag Flock Act.

No rag flock is used.

Common Lodging Houses.

There are two common lodging-houses in the Borough, Standish House for men only and No. 1, King Street (known as Top Model) which accommodates men and women and children. These premises are frequently inspected. Any notices following these inspections are acted upon at once. Bugs are annually found on these premises and as frequently exterminated.

12 visits were paid to each of the houses during the year.

Houses let in lodgings.

There are no bye-laws adopted locally to enable this class of premises to be controlled.

*At the time of writing this Report new chambers have been installed at the Sanitary Department's Yard at Back Street.

PART D.



Housing.

PART D. HOUSING.

1. Inspection of Dwelling-houses during the Year.

1.	(a)	Total number of dwelling-houses inspected for housing defects (under the Public Health or Housing Acts)	1308
	(b)	No. of inspections made for the purpose ...	1513
2.	(a)	No. of dwelling-houses included under sub-head (1) above, which were inspected and recorded under the Housing Consolidated Regulations, 1925	447
	(b)	No. of inspections made for the purpose ...	443
3.		No. of dwelling-houses found to be in a state so dangerous or injurious to health as to be unfit for human habitation	354
4.		No. of dwelling-houses (exclusive of those referred to under the preceding sub-head) found not to be in all respects fit for human habitation	Nil.

2. Remedy of Defects during the Year without service of Formal Notice.

No. of dwelling-houses rendered fit in consequence of informal action by the Local Authority or their Officers	915
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3. Action under Statutory Powers during the Year.

A. Proceedings under Section 9, 10 and 16 of Housing Act, 1936.

(1)	No. of dwelling-houses in respect of which notices were served requiring repairs ...	1
(2)	No. of dwelling-houses which were rendered fit after service of formal notice	
	(a) by Owners	Nil.
	(b) by Local Authority in default of owners	1

B. Proceedings under Public Health Act.

(1)	No. of dwelling-houses in respect of which notices were served requiring defects to be remedied	34
(2)	No. of dwelling-houses in which defects were remedied after serving of formal notices	
	(a) by Owners	22
	(b) by Local Authority in default of owners	12

No proceedings were taken under Sections 11, 12 or 13 of the Housing Act 1936, but many houses await the application of these sections.

Overcrowding.

Due chiefly to the return of ex-service men and women, often rejoined by their families from other areas, innumerable cases of overcrowding continue to be brought to the notice of the department. This influx more than balances the departure of war-workers. Many cases continue to exist where a landlord will let (or a tenant paying 20/-—30/- per week will sub-let) several rooms in his house, each to a separate family, at an average charge of 20/-—25/- per week. Generally there is one or two items of furniture included—sufficient to legally constitute “furnished” accommodation.

(Bye-laws under Section 6 of the 1936 Housing Act, as recommended over several years by previous Medical Officers of Health, might have enabled the Council to have dealt with part of this problem).

The returned ex-service men, who exist under such circumstances as above, feeling they have “done their bit” towards the preservation of the Country and the promised better standard of living, naturally suffer from a sense of frustration when they find conditions even worse than they left them.

If only they could keep in mind that “Rome was not built in a day”; that the devastation and deterioration due to wars cannot be repaired overnight!

Special Report on Housing.

I append to this part of the Report a copy of a Special Report on housing needs which was prepared for your Housing and Town Planning Committee and which embodied most of the essential material necessary to a survey of latter years and recommendations for the future.

I also include—from the following paragraph to the commencement of the Special Report—the same remarks as I made in my 1943 Report. My remarks covering the post-war period will follow the special Report.

Relation of Small Property to Birth Rate.

Let us face the facts boldly.

1.—Unless a higher birth-rate is produced and **maintained**, the population of this island will decline to such extent that we will become a second or third-class nation, numerically.

2.—This is a national problem, to be solved democratically, by local effort with “Central” aid.

3.—There will be a considerable raising of the general standard of education after the war, particularly marked amongst the poorer classes. People who have been trained to think will not rear children in overcrowded and unhygienic conditions.

4.—**Small property which is to be properly maintained is not an economical proposition, from the point of view of interest or capital.**

Therefore it behoves Local Authorities not only to provide and maintain small property (as they will be doing), but to see that such property is not too small to provide accommodation for children on a larger scale than was customary between the two wars.

(Houses with two bedrooms and a “boxroom” should be provided solely for middle-aged couples and such like, and in numbers relative only to such needs).

Size of Rooms.

Another point I would like to make concerns the **size** of rooms. In the majority of pre-war Council houses one can scarcely swing round the proverbial cat, and all the arguments relating to the production and upbringing of children apply also to the necessity for an increase in room size.

Research and subsequent statistics have proved that there is ample justification for the generality that “the smaller the house, the smaller the children”.

As a further addendum to the Report I would remind the Council that they will not only have to build houses, but will, at the same time, have to apply their attention to repairs on a large scale before much property becomes totally “unfit for human habitation.” The question of repairs applies to Council houses as well as other property, and in view of the fact that when the new building programmes are “well on the way”, the Council will have become a very large owner of property, I would advise the consideration of the appointment of trained property managers, as typified by the trainees of the Octavia Hill system. This would obviate what would otherwise be necessary for housing alone—an increase in sanitary staff.

Particulars on the following page epitomise the type of property already built by the Corporation.

MUNICIPAL HOUSING SCHEMES.

SITE.	Nature of Scheme	Date completed	No. of houses provided	General Type of houses in total Scheme		Completed house — accommodation		
				Non-Parlour	Parlour	No. of houses containing rooms as in Cols. 8 & 9.	Parlour	No. of Bedrooms
Columns 1	2	3	4	5	6	7	8	9
The Crescent	1919	1921	53	6	47	6	—	3
						41	1	3
						6	1	4
Harrison Road	1919	1923	38	26	12	26	—	3
						12	1	3
Brindle Street No. 1	1919	1925	24	24	—	24	—	3
Brindle Street No. 2	1923	1925	23	23	—	23	—	3
Highfield	1924	1926	60	50	10	50	—	3
						10	1	3
Marlborough Street	1924	1928	51	50	1	12	—	2
						38	—	3
						1	1	3
Springs Road No. 1	1924	1931	92	92	—	34	—	2
						58	—	3
Ashby Street	1930	1935	62	62	—	16	—	1 (flats)
						29	—	2
						14	—	3
						3	—	4
Springs Road No. 2	1930	1937	62	62	—	12	—	1 (flats)
						18	—	2
						24	—	3
						8	—	4
Brown Street	1930	1939	92	92	—	16	—	1 (flats)
						36	—	2
						29	—	3
						11	—	4

* Does not include 68 houses erected and bought under H.P. Schemes.

SPECIAL REPORT

ON

HOUSING POLICY

SINCE 1918

INCLUDING

SUMMARY OF COUNCIL'S

HOUSING SCHEMES

Public Health Department,
2-4, St. Thomas's Square,
Chorley.

Feb. 1944.

Mr. Chairman, Ladies and Gentlemen,

In accordance with your wish, expressed at your meeting in February, I herewith submit my report containing observations on the future housing requirements of the Borough.

HISTORY.

**Population
Increase 100
years.**

**National and
Local.**

To any successful planning of the future an appreciation of the past is surely pre-requisite, so I make no apology for briefly surveying the history of housing since the last war. During these 25 years more attention has been devoted to housing and town planning than in any other period of the country's history. How much more fortunate we would be if such attention had been so devoted in the period of England's industrial revolution, when so much of our housing was erected—erected to cope not only with the tremendous transformation of rural into urban communities, but with the astonishing increase in the population from nearly 9 millions in 1801 to 32½ millions in 1901. In the same period Chorley's population rose from 4,513 to 26,837.

The history of the housing effort since the last war consists of the varied measures adopted by successive Governments to promote, in co-operation with Local Authorities, the erection of the required number of houses at reasonable rents.

1919 ACT.

The first of these measures, sponsored by Dr. Addison as Minister of Health in the Coalition Government, was the Act of 1919, in which year your Council estimated that 600 houses would be required in Chorley.

A start was made on two sites—at Preston Road (53 houses) and Pilling Lane (proposed 242 houses). This latter scheme was held up and reduced to 62 houses after the discovery of H.M. Government that Dr. Addison's method of leaving the execution of the work to the Local Authority, while the Exchequer bore any cost over that Local Authority's 1d. rate, was not conducive to economy, and was becoming a severe drain on Exchequer funds. Apart from this, building material was scarce and prices high—conditions which were aggravated by “pushing” a building programme.

Thereafter subsequent schemes took the form of fixed contributions that left the Local Authorities with an incentive to keep down costs.

**1923 ACT.
Incentive to
Private
Enterprise.**

The first of these was Mr. Chamberlain's Act of 1923, in which a subsidy of £6 annually was given for every house built. This was the measure which gave the fillip to building by private enterprise, and in Chorley 400 houses were so built before the repeal of the Act in 1939.

**Council's
Instalment
Schemes.**

The Council itself built 100 houses under this Act at "Rangletts" and "Brindle Street No. 2" sites. Many of these were bought by their occupiers under instalment purchase schemes.

But neither before this Act (under Dr. Addison's scheme), nor subsequently as a result of it, were the housing needs of the poorer working classes provided for.

1924 ACT.

In 1924, Mr. Wheatley, the first Labour Minister of Health, made an effort to start the provision of houses "to let" at a low enough rental to supply this need. He gave a substantial subsidy to Local Authorities of £9 per annum, for 40 years, for each erected house, the Local Authority adding £4 10s. 0d. per annum towards the rent.

Throughout the country nearly $\frac{3}{4}$ million houses were built under this Act up to its repeal in 1932.

**In Chorley.
False Hopes.**

In Chorley 203 houses were built, under the same Act, on sites at "Highfield", Marlborough Street, and "Springs Road No. 1".

Still the needs of the lower-paid workers were not met. Mr. Wheatley's hope of houses to let at 9/- per week did not materialise, the average rent of houses built under his Act being 13/- to 15/- per week. Building costs at the time of the repeal of the Act had fallen so low that continuance of the subsidy would probably have allowed houses to be built at the rent originally desired, or even at one or two shillings less. It has been authoritatively stated that houses could have been erected at this period **without subsidy**, to be let at a weekly rental of 12/-, without incurring loss.

**1930 ACT.
Slum Clearance.**

In 1930, Mr. Greenwood, then Minister of Health, sponsored an Act which, while not furthering more building, provided the means for slum clearance, whenever the time was deemed propitious. In 1933, the National Government (Minister of Health, Sir Hilton Young), considered this time had arrived, and produced their renowned Circular 1331, asking Local Authorities to produce a five-year programme for the abolition of slum areas.

**Census and
Housing
Shortage, 1931.**

Whether or not wisdom was displayed, following the revelations of the 1931 Census, in ceasing to promote further building and giving precedence to slum clearance is perhaps a subject for debate. The 1931 Census revealed that, throughout the country as a whole, the housing shortage, based on the only reliable measure of housing needs—i.e., the standard of one house per one family—was worse than in 1921.

**Details of Slum
Clearance in
Chorley.**

Whatever view one takes of the precedence given, there can be no doubt of the stimulus given to slum clearance—a matter which, with one excuse and another, had surely been postponed far too long.

Under the 1930 Act the Council built 216 houses on sites at Ashby Street (62 houses, completed in 1935), “Springs Road, No. 2” (62 houses, completed in 1937), and Brown Street (92 houses, completed in 1939).

This programme was undertaken to re-house the 490 tenants of 145 houses in those nine “clearance areas” which were confirmed by the Ministry of Health out of 10 represented to you (8 in 1933 and 2 in 1937). An unconfirmed “area” of seven houses in Alfred’s Court was dealt with by “closing orders” in 1935.

The Ashby Street and Springs Road houses were built to re-house the tenants of 72 houses in the seven “areas” confirmed in 1933, and the Brown Street estate to re-house the tenants of the 73 houses in the two “areas” confirmed in 1937.

(In this connection it is of interest to note that in 1930, the Chorley Council submitted that only 40 new houses would be required for the ensuing five years, for the purposes of the 1930 Act!).

Review of Post-War Building Programme.

To 1931.

By 1931 this Local Authority had built 465 houses and private enterprise had built about a similar number, over 400 of them with the help of subsidies.

**Over 900 Houses
Locally.**

What effect had the erection of over 900 houses on the housing shortage in the 12 post-war years?

Throughout the country nearly two million houses had been built by 1931, and yet—according to the 1931 Census—the housing shortage was still acute, and even worse than in 1921.

Why was this, and was Chorley affected in the same way?

Reason for Shortage.

The **reason** for the continued shortage is that the demand for houses is influenced, not so much by the growth in population as by the **growth** in the **number of families**.

In the post-war years, through various factors, this reached a maximum.

In Chorley, although the total population increased by only 214 to 30,795 in 1931, the number of individual families increased by **over one thousand**.

Shortage in Chorley.

So, taking as the basis of computation, the only satisfactory standard—that of housing each family in a separate dwelling—the number of houses built in Chorley did not keep pace with the growth of families, apart from any original shortage.

Class of Shortage.

But this simple statement needs amplifying. The prevailing “general impression”, about 1930-31, was that the acute shortage had been overcome, and popular agitation had diminished. This mistaken sense of satisfaction was probably due to the fact that, although the building programme had, of course, relieved a shortage, the relief had been distributed through the various sections of the population in degrees that varied in direct ratio to the varying financial status. The more “well-to-do”, better educated, and consequently *more clamant* sections had had their demands satisfied in greater degree than others; hence the diminution of agitation. The shortage that the Census revealed was to be found still amongst the poorest classes—the classes where overcrowding and poor living conditions cried loudest for redress.

AFTER 1931.

Reference has already been made to the fact that the indications of the 1931 Census did bestir the Government of the day to make a start with slum clearance.

**Chorley—
Over 1,200
More Houses.**

In Chorley, during the post-census period to 1939, your Council built the 216 houses previously referred to as accommodation for the tenants of “clearance areas”. During this period, private enterprise built nearly 1,000 houses.

What, then, was the position towards the end of this second period?

In 1937 it became illegal to overcrowd houses beyond a “permitted number”, and a housing survey had to be made to enable the law to be executed. This survey revealed that at the end of that year 418 families (comprising 1,897 persons)

were known to be overcrowded. This figure did not indicate an even worse state of affairs, due to the influx of temporary lodgers, coincident with the expansion of the Royal Ordnance Factory at Euxton. During 1938-39 much effort was spent by your Sanitary Staff on relieving overcrowding, and at the end of 1939 the number of overcrowded families had been reduced to 61, comprising 325 persons.

**FINAL
ANALYSIS
at 1939.**

So, a summary of the position at the end of 20 years, during which approximately 2,000 houses had been erected, reveals that there was still an insufficiency of houses to provide a separate dwelling for each family.

This statement does not, moreover, take cognisance of the fact that some hundreds of dwellings housed families in conditions unsuitable for human habitation.

Estimate of Future Requirements.

The factors influencing this estimate are as follow:—

1. Increase in the number of families.
2. The current state of overcrowding.
3. The number of houses to be scheduled for demolition or closing.

**1. Increase in
Families.**

Reference has already been made to the increase in the number of families in Chorley by over 1,000 at the 1931 Census. In the preceding 10 years the number of families throughout England and Wales increased by $1\frac{1}{2}$ million (i.e., by 17%), and the estimated increase for the ensuing 10 years (to 1941) was by about half that number. No Census took place in 1941 to enable a check to be made on that estimate, but if we allow only a 40% increase on the previous 10 years (taking into consideration the "years of depression") the total number of families in Chorley would have risen in 20-odd years by over 1,400.

This seems a reasonable estimate if we add the (approx.) 200 houses demolished or closed, and the 400-odd cases of overcrowding that were almost all liquidated, and say that the 2,000 houses built in that period nearly overcame the shortage.

The estimated family increase for England and Wales for the 10 years between 1941 and 1951 was approximately a quarter of the 1921-31 rate, but this was a peace-time estimate, and I feel sure that, as after the last war, the rate will rise again to a maximum. It is Nature's way of replacing the losses due to war. How quickly after the last war the rate

rose to its maximum, or how high it rose during the war, I do not know, but undoubtedly the marriage rate rises during, as well as after, wars. In fact, the marriage-rate rose to a new high peak in 1940.

There must also be taken into consideration the social tendency of the times to show concern over the birth-rate, and to encourage the establishment and growth of families by such means as family allowances, free education and "social security" measures.

I do not feel that we will be far out of an estimate if we are guided by the experience after the last war, and, starting with the year 1941, allow for a family increase in Chorley of 100 families per annum. This will amount to an increase of 300 by the end of this year, and 400 by the end of 1945. One does not know how long this war will last, or how soon after it building materials and labour will become available, but I suggest a total of 300 houses on the family increase factor alone, as an estimate for the requirements for the first two post-war years.

2. Over-crowding.

I cannot attempt any estimate of the extent of this. Obviously the 40 cases of overcrowding on the register as remaining unabated applies to the original 400-odd cases, and bears no relation to the patently overcrowded state of the Borough at the present time. This is largely the result of accommodation required by "importees" engaged in war-time occupation; but with the return from the Services of the young manhood and womanhood of the town, it must not be supposed that the cessation of hostilities will see anything but a very gradual alleviation of the situation. Various industrial considerations, not predictable at the moment, will also influence the matter.

My only suggestion is that a survey, similar to that of 1937, will have to be made as soon as possible after the war; but—and this does have an important bearing on the question—I would draw the attention of the Committee to the fact that the 1937 survey was made on one standard of overcrowding, whereas a future survey may be made on a much different standard. This consideration is appropriate, as the 1937 survey was made on a standard that was entirely inadequate, and which, in the opinion of many, legalised rather than abated overcrowding. If a new and better standard becomes operative, it will, of course, considerably enlarge the number of cases of overcrowding.

3. Houses for Demolition &c.

Within the last few weeks I have undertaken a personal survey of most of the "dubious" property existing in the Borough, with a view to ascertaining the total number of houses that should, within reasonable time after the war, be scheduled for demolition.

This total is approximately 350. I can assure the Committee that the standard I set myself in this survey was dictated by no exaggerated æsthetic sense, but—on the contrary—by a sense of balance between what was necessitous for bearable conditions and what was practicable to undertake within reasonable time.

In that event, the total is likely to be more, rather than less, and does not include a number of houses suitable for closing orders.

ESTIMATE.

I suggest to the Members of the Committee that the above consideration might lead them to deem it expedient to estimate for four hundred (400) houses as soon as practicable after the cessation of hostilities. This number would include the activities of private enterprise. I also suggest a yearly programme of at least 200 houses to follow this initial effort.

Mr. Chairman, Ladies and Gentlemen, I beg to be excused for introducing one matter somewhat irrelevant to the strict confines of this Report, but a matter upon which I have for long held a rather strong opinion.

Nearly all families who produce a son and daughter will, at some time, require three bedrooms—**not** two bedrooms and a "box room".

I beg permission to ask the Committee, when considering the type of property that they propose to erect, to bear in mind this fact, and its implications.

I would like to take this opportunity, Mr. Chairman, Ladies and Gentlemen, of thanking Mr. Lund, my Chief Sanitary Inspector, and his staff for their help in surveying insanitary property in the town, preparatory to my own survey.

I am,

Your obedient Servant,

ROBERT C. GUBBINS,

Medical Officer of Health.

The War is over.

What progress has been made with the housing problem?

**Housing
Position at end
of 1945.**

The following position existed at the end of 1945:—

1. The site was acquired, and the scheme approved by the Ministry of Health, for the erection of 63 permanent houses and 100 pre-fabricated bungalows on the land adjacent to Moor Road and known as the "Moor Road Estate".
2. The site was acquired, and the scheme approved, for the erection of 91 permanent houses on the Highfield Estate.
3. The site was approved, and a Compulsory Purchase Order confirmed, for the erection of 300 houses on the site of Tootell Street Farm and Tan Pits Farm.
4. The Thornhill Estate of 7 acres was acquired. This is to be made available for building, by small contractors, of 66 houses for the Corporation.

**Position at end
of 1946.**

Work on preparing the Highfield and Moor Road sites was started early in the year, was completed, and at the end of the year 56 of the houses on the former and 63 houses on the latter site were under construction.

No pre-fabricated bungalows had arrived at the end of the year, but they were overdue and expected "anytime".

**Private
Enterprise.**

Although limited in its scope, and strictly controlled, private enterprise is also "taking its part", and licences have been granted for the erection of 42 houses on the Duxbury Estate. Many of these were under construction at the end of the year.

**End of 2½
Post-War
Years.**

So, the completion of 2½ years of the so-called "peace" should see the completion of 119 permanent houses and 100 pre-fabricated bungalows, apart from any of the 66 houses on the Thornhill Estate that may be built, and the building by private enterprise. There remains, of course, some 300 or more houses, for which approval has been given, yet to be built.

Rentals and Costs.

On the above sites the Council Houses which cost—at the present time—from £12—£1300 to build, will be “let” at a rental of from 18/- to 22/- per week. Each house is subsidised by the Government, under the “Housing, Financial and Miscellaneous Provisions Act 1946”, to the extent of £16 10s. 0d. per annum, with a rate contribution of £5 10s. 0d. per annum over a period of 60 years.

The “pre-fabs” which are provided by the Government, leaving to the Local Authority the land and road charges and the cost of erection, will be let at a rental of 16/- per week “inclusive”.

Comparison with Special Report Analysis.

In my Special Report of 1944 I estimated the Town’s requirements as 400 houses “as soon as possible” and 200 houses annually thereafter. As this was a considerable underestimate I am gratified to note that the Council obtained approval for over 600 houses. That no one knows when the 300—400 houses outstanding will be built is not the fault of the Local Authority, but is due to the national shortage of labour and materials, and it must be remembered that the larger and even more congested towns in the Country and particularly the blitzed areas—will have priority, and rightly so, in the allocation of materials.

Nevertheless, inevitable though it may be, this delay does mean that the many years that it will take to alleviate the housing shortage will be still further increased.

Too Low Estimate.

As I mentioned in my “Special Report”, the shortage of houses is directly proportional to the marriage rate, and since that Report was presented the Registrar-General’s statistics have been published, which prove my estimate to have been much too low. For the latter 10 years of the inter-war period, (including the first part of the war, i.e. till 1941) I allowed a 40% increase on the 1,000 families in the first decade. The Registrar-General’s statistics show that the **National Marriage Rate steadily increased during the period** and in 1939 reached the highest figure (21.2 per 1,000 population) ever recorded in peace time.

Revision of Estimate.

The annual number of marriages that took place in the Borough since 1940 are approximately as follows:—

1941	1942	1943	1944	1945	1946
361	333	227	244	361	318

—total of 1844 marriages.

If therefore, I revise my estimate of the family increase in the decennium 1931-41 and make it approximate to the previous decennium (i.e. 1,000 instead of 400), then we are left with an estimated house shortage of 600 (instead of "starting from scratch" at the end of that period—as per Special Report). To this we must now add about 1800 marriages since, allowing the continued rate in 1947.

**Position at end
of 1947.**

This brings us to the end of 1947 with an increase of families of 2,400, and a completed building programme of 200—250 houses!

This takes no account of those houses that are due for condemnation and demolition which I estimated at about 350, but which, by the time comes that such work can be undertaken may safely be doubled (i.e. say in 10 years time).

Support for this contention is provided by a recent circular of the Ministry of Health—Report on the "Standards of Fitness for Habitation".

The above outlook is somewhat depressing, I admit, yet I have no hesitation in saying that we **have** learnt some lessons from the previous post-war period, and that if we continue to benefit from past experience there is hope that the housing shortage will not—as before—remain unsolved after 20 years. Perhaps the chief contrast with the other post-war period is the present emphasis on building by the Local Authority to the exclusion of private enterprise.

In case that sentence (with the foregoing) should be construed as containing an inuendo manifesting support of some political theory and so be used for a sentence upon myself (!) I would re-iterate my words on page 82, in which I emphasised that the building of small property, to be let at a rental within the means of the average working-class family, is an uneconomic proposition and one that obviously is not going to be undertaken by private enterprise. Yet such houses are urgently needed.

PART E.

Inspection and Supervision
of Food.

PART E.

INSPECTION AND SUPERVISION OF FOOD.

(a) Milk Supply.

The following number of milk traders were on the register at 31st December, 1946:—

Retail purveyors and producers	23
Retail purveyors	105
Wholesale producers	3
Retail purveyors from outside districts ...	25

The war produced the rationing and control of milk distribution and this still continues. It has created many almost insuperable difficulties in controlling the quality of the milk entering an area.

Chorley is no exception to the generalisation I would make that the quality of milk production throughout the country during the war went from bad to worse.

Dairies.

It was sufficiently alarming for me to initiate a regime of much more severe “sampling” and inspection of dairies, etc. in spite of the extra-war-time calls upon the sanitary staff. This regime has been “kept-up” and is showing results in a much improved situation in the past 12 months, as manifested in the bacteriological reports on the samples as compared with 1945 and previous years.

Perhaps the chief “bug-bear” to the Medical Officer who cares for his milk supply, is the question of “accommodation milk”, i.e. the milk that a producer must often take in to supplement his own inadequate supply. This “accommodation milk” is generally received in bulk, the milk originating from several sources. Some of these sources are good, many are bad, and most indifferent, and when the milk is mixed with good milk, the bad contaminates the whole.

As these unsatisfactory sources are mostly outside the Local Authority’s area, one can only rely on the co-operation of neighbouring authorities.

There is no doubt that the standard of milk inspection (and consequently milk production) varies widely in different areas, but I do not propose to enter into a controversy as to whether this state of affairs is better remedied by central control or not. On some “appointed date” this work **will** be taken over by the Ministry of Agriculture.

Apart from herds that supply milk under the Special Designations Orders, it is not conceivable that the milk from all herds could be kept and delivered separately, and in practice, milk must, more often than not, be collected and delivered mixed and in bulk. However high the average standard of milk production—and it must be many years before the average standard is satisfactory—there must exist the danger that, to misquote the Scriptures, a little poison poisoneth the whole, and the only way of ensuring a safe supply is for all milk not coming within the Special Designation Order to be heat treated.

Re "Safe" Milk.

I would, in this connection, emphasise anew that the object of heat treatment (i.e. in the majority of cases—pasteurisation) is to produce a "safe" milk—i.e. a milk freed from its greatest danger—active tuberculosis germs.

The milk may be dirty—it often is; it may—unfortunately it often does—contain vast numbers of germs, but the great majority of these are harmless, if unpleasant to "dwell upon". Treatment by heat kills the germs (such as T.B.) that are pathological to man. As it has been estimated that a third of the milk producing cattle in the country is infected with T.B. there is an obvious case for ensuring a "safe" milk supply.

The production of a **clean** milk supply is a separate problem and one that obviously must be undertaken "hand in hand" with **safety** measures.

With this necessity for "safety" in view the Government, in 1944, took powers to schedule areas in which all the ordinary milk **must** be heat-treated. A pre-requisite for this is, of course, sufficient plant to do it. Chorley now has this plant, but I fear that this is one of those measures the operation of which will be postponed for as long as possible by vested interests of various kinds.

I would, in fairness to milk producers and dairymen, add that they have suffered from shortage of labour, and, not merely labour, but shortage of intelligent labour. The intricacies of careful milk production cannot be imparted to temporary "hands" in a week or two.

The inspection of cowsheds, dairies and premises of retail purveyors was continued by your Sanitary Inspectors throughout 1946. 119 visits were made and 232 vehicles inspected. These inspections showed considerable variations in the state of cleanliness and repair of premises, and there is room for much improvement in some cases.

Re Clean Milk.

Education of milk producers in modern methods of clean milk production is often a slow and thankless process, as is also the endeavour to convince retailers of the necessity for the “niceties” that should be exercised in the handling and distribution of milk. There is still too much milk being distributed in the town by the old unhygienic method of churn to jug or milk-can.

No producer can consistently obtain clean milk without a piped water supply (i.e. under pressure) to his premises, but this avails naught if it be not utilised to ensure scrupulous cleanliness of premises, implements and receptacles, and—most neglected—of persons engaged in milking and handling milk. Perhaps the most difficult task is to overcome the average producer’s passion for “bedding” for his cows, a task comparable with that of convincing others that “clean” milk is not necessarily “safe” milk.

41 Notices were served during the year concerning the cleansing, lime-washing and structural repair of premises.

Licences.**MILK (Special Designation) Orders.**

The following licences (for distribution) were issued by the Corporation:—

Pasteurized	Tuberculin-tested	Accredited
2	1	2

There is only one pasteurisation plant licenced to produce pasteurised milk in the Borough. (The other firm is licenced to distribute it only). As inspections (confirmed by myself) have from time to time revealed defects in the above plant the firm was prevailed upon (by the ardent co-operation of the local Manager) to instal an entirely new and larger plant which operates on the more satisfactory High Temperature (short time) method of pasteurisation, in place of the previous low temperature (“holder”) method.

Bacteriological Examinations.

During the year 158 samples were sent for laboratory examination, with the following results:—

	T.B.		B. Coli		Phosphates Test		Methylene Blue Test	
	Satis.	Unsatis.	Satis.	Unsatis.	Satis.	Unsatis.	Satis.	Unsatis.
Sterilised	—	—	13	—	12	1	12	1
Pasteurised ...	—	—	51	21	45	7	51	1
T.T.	16	1	113	13	—	—	13	3
Accredited ...	14	4	58	3	—	—	113	3
Ordinary	55	—	13	3	—	—	50	11

In 1945, 93 samples were examined.

	T.B.			B. Coli.			Phosphates Test			Methylene Blue Test		
	Satis.	Unsatis.	...	Satis.	Unsatis.	...	Satis.	Unsatis.	...	Satis.	Unsatis.	
Sterilised	—	—	...	1	—	...	—	—	...	1	—	
Pasteurised ...	4	—	...	16	10	...	19	7	...	18	8	
T.T.	2	—	...	2	1	...	—	—	...	1	2	
Accredited ...	17	—	...	13	4	...	—	—	...	13	4	
Ordinary	46	—	...	31	15	...	—	—	...	29	17	

On receipt of unsatisfactory reports the offending tradesmen are informed by the Sanitary staff who “follow up” the cases as soon as possible.

The improvement in the standard of “Pasteurised” and “Ordinary” milk will be noted.

(b) Meat and Other Foods.

1. Meat.

(1) Abattoirs.

There are no private slaughter-houses in the Borough, the Corporation providing a public abattoir, which consists of:—

Description.

Main Buildings, comprising cooling hall, complete with over head track runners etc., 3 killing halls, and steam-heated hot water tank.

Adjoining the killing hall are pounds where cattle and sheep await immediate slaughter.

Pig slaughter-house, comprising stunning pen, bleeding passage, and main hall with over-head track leading to the cooling hall, where pigs are weighed and stored. There are 3 scalding tubs (2 of slate and 1 of concrete).

Adjacent to the slaughter-house are the covered pens for pigs, calves and beasts, and at the rear are open pens for sheep and cattle.

All animals are mechanically stunned; bovine and sheep by Cash captive bolt pistols, and pigs by electro-lether. The former instruments are provided by the slaughter-house contractors.

Extensive renovations were carried out in 1939 (walls rendered in cement to 6 ft. etc.) and again, though not so extensively, in 1942, when also the installation of 3 electrically-driven fans and additional natural ventilation ensured such better ventilation as materially increased the keeping qualities of stored meat.

During the year minor repairs including somewhat futile roof patching was carried out. During the previous year the steam pipes and boiler were 'lagged'. This produced a saving of one ton of coal per week.

Requirements.

Future requirements of the abattoir include painting, which is urgently required to combat rust, and repairs to the roof which still leaks in several places. Both matters have required undertaking for several years and it is hoped that it will be possible to take action in 1947. The provision of a large gas geyser to supplement the steam boiler, when that is out of use for cleaning and repairs, and the repaving of pens (unless something can be done with the present sets), are other measures that need undertaking.

The killing and handling of meat, as with other foods, calls for the closest supervision and highest standard of cleanliness and a primary necessity is a sufficient and easily available supply of water, with floors and pavings presenting a comparatively smooth (though non-skid) surface for swilling purposes.

Slaughtermen.

20 Slaughtermen held licences during the year.

(2) Meat Inspection.

All meat entering the abattoirs is examined by your Sanitary Inspectors, acting under the bye-laws made in 1939, under Section 104 of the Chorley Corporation Act 1926.

Every animal and carcase, including frozen meat and all packaged and canned meats, are kept under close supervision.

The population of Chorley and surrounding districts now supplied from the abattoir number some 80,000 persons.

"A higher grade of beef now passes through the slaughter house, whilst low-grade carcasses that previously found their way into retail butchers' shops are now sent for manufacturing purposes. This is a result of the Ministry of Food's scheme for distributing high-grade carcasses to all classes of the public"—Chief Sanitary Inspector's Report.

“Under the Public Health (Meat) Regulations 1924, all vehicles carrying meat are inspected and if necessary, ordered to be brought up to the requirements of the regulations.

In January 1940 the Ministry of Food took over the control of the abattoir and the responsibility for the killing and distribution of meat, the Borough Council remaining responsible for the maintenance of the premises and their Sanitary Inspectors for the inspection of the carcasses.

The following table shows the meat inspection results for the year :-

Carcases Inspected and Condemned.

	Cattle	Calves	Sheep and Lambs	Pigs
Number Killed	3731	4520	16,722	1944
Number Inspected	3731	4520	16,722	1944
All Diseases except Tuberculosis.				
Whole carcasses condemned	7	36	11	1
Carcases of which some part or organ was condemned	2119	22	1195	14
Percentage of number inspected affected with disease other than T.B.	57%	1.28%	7.21%	.77%
Tuberculosis only.				
Whole carcasses condemned	104	1	Nil	4
Carcases of which some part or organ was condemned	994	Nil	Nil	73
Percentage of number inspected affected with Tuberculosis	28.09%	.02%	Nil	3.96%

In addition to the above the following imported meat was inspected at the Public Abattoir:—

Sheep and Lambs ... 29,972 Packages ... 11,344.
481 lbs. of frozen meat was condemned.

**Abattoir
Welfare.**

“A room is provided for slaughterhouse men. This is warmed by a coke stove, and equipped with hot water and electric lighting”—Chief Sanitary Inspector’s Report.

2. Other Foods.**Shops, Stables, &c.**

On the 1st October 1939 the Corporation became a Foods and Drugs Authority for the purposes of the Foods and Drugs Act 1938.

This enables the Corporation to exercise a more immediate control over the preparation and distribution of food.

**Registration of
Premises.**

A regular inspection is made of shops, market stalls and vehicles, and other premises used in the manufacture or preparation of food stuffs, many of which—such as premises used in preparing ice cream, potted and preserved meats, etc.—have to be registered under either the Food and Drugs Act 1938, the Chorley Corporation Act or the Lancashire County Council Rivers Board and General Powers Act 1938.

Potted Meats.

Premises used for the preparation of potted and preserved meat, fish etc. number 17.

Fish Fryers.

There are 36 fried fish shops on the register, and bye-laws governing these were made in 1939. All were visited by the Sanitary Inspectors during the year.

Bakehouses.

There are 84 bakehouses in the Borough, of which two or three are basement bakehouses, having been certified as suitable under previous acts to the Factory Act of 1937.

Many bakehouses are adapted from dwelling-houses and are not very suitable for the purposes of storage of foodstuffs or for easy cleaning. After the service of notices, many proprietors complain that they cannot obtain labour to lime-wash their premises. Except in rare instances, I fail to understand why proprietors cannot do this work themselves, and I have instructed the Sanitary Inspectors not to accept such excuses.

**Re Bread
Wrapping.**

As the Council now has the power to make bye-laws for the hygienic control of food distribution, one of the first of these that I should like to see presented for approval, as soon as new bye-laws “stand a chance” of being approved by the Minister, would be for the purposes of insisting on the wrapping of bread.

It is an extraordinary paradox that whilst we, as a nation are so fussy over some of our foods, we tolerate this national proclivity for having our stable article of diet delivered unwrapped. Who has not, at some time or other, seen a baker's boy drop a loaf on the ground, pick it up and wipe it on his sleeve (if wiped at all!) and return it to his basket? Personally, I have witnessed this phenomenon on several occasions in Chorley.

How we must have horrified our American visitors during the War!

Ice-Cream.

There are 24 premises registered with the Lancashire County Council under the Rivers Board and General Powers Act 1938. Of these only 8 manufacture ice-cream in Chorley. Six wholesale firms outside the Borough supply local retailers.

All the Borough premises have been inspected by the Sanitary Staff and 151 visits made during the year.

In 1945 there was an outbreak of Typhoid Fever in Aberystwyth, due to infection of ice-cream. This occurrence raised such grave alarm throughout the Country that both the Ministry of Health and Local Authorities were stirred to action; the former to a promise of further legislation by regulations under the Food and Drugs Act 1938, and the latter to a greater supervision of premises and manufacture, within what powers they already possessed under the above Act.

*

Generally speaking, premises suitable for the manufacture of ice-cream should conform to the same standards as set for dairies. The same strict attention to personal cleanliness should be impressed, as far as possible, on those handling the product. This, of course, is the most difficult part of supervision (as it is in "dairy work"). Obviously, as Sanitary Inspectors cannot "stand over" the workers, any results obtained must be by virtue of education and persuasion.

A standard of bacteriological control is required, but the difficulties inherent in this are proving somewhat refractory. No doubt they will be resolved in due course.

* These regulations were published in April 1947 and came into force on 1st May. They concern the heat treatment of ice-cream preparations.

But perhaps the greatest difficulty lies in the control of the itinerant vendor of ice-cream—the person who wears a shining white overall to hide his or her distinctly unsavoury clothes, that often cover an equally unhygienic body!

Just as the retailing of milk from churn to milk-can is now condemned, so street vendors of ice-cream should be limited to retailing their wares in sealed “packs”—analogous to the sealed milk-bottles.

**Other
Inspections.**

There are several Ministry of Food storage depots in the locality and their Managers still avail themselves of the expert opinion of your Sanitary Inspectors. The following remarks by the Chief Sanitary Inspector in 1943 still “hold good”—

“Relationship with the Ministry of Food Officials and others has been most cordial. It is customary for the Stores Manager to set aside any doubtful cases for inspection, and a certificate is issued stating which is probably fit for use and to be opened under supervision, and which should be condemned as unfit for human consumption.

The judgment of the Council’s Sanitary Inspector has met with approval at all times.

Much of the condemned food has been salvaged either by the Corporaion or the Ministry of Food and used for fat extraction or as animal feeding stuffs.

A portion of the foods salvaged by the Ministry of Food is sent into the Borough, and the Department receives notification of its arrival, in order that it may be re-inspected by the Sanitary Inspector.

Other foods sent from Chorley to other localities are also notified to the Department”.

(c) Adulteration of Foods.

No legal action has been taken during the year under the Food and Drugs (Adulteration) Act 1928, or other acts.

(d) Food and Drugs Act, 1938.

Chemical analyses of foods are undertaken by the County Analyst to the Lancashire County Council.

In 1946, 84 formal milk samples and 35 informal samples of other foods were submitted for analyses.

2 samples of milk were unsatisfactory and the cases were the subject of legal action.

All the samples of "other foods" proved satisfactory.

The bacteriological analyses of milk and other foods is undertaken at the laboratories of the Preston Royal Infirmary (see Milk").

In the administration of this Act 257 visits were paid to premises for purchases, enquiries, and inspections.

(e) Nutrition.

No special propaganda has been undertaken other than that at clinics, to educate the public in the matter of nutrition. H.M. Government, through various media, has undertaken this work on a national scale and in a very thorough manner.

To assess what effect rationing conditions have upon the nutrition of the population is difficult, where there is a lack of staff and time for special investigation, but our diet is generally adequate, if not of that variety that is the "spice of life".

Adults generally show little change, except for the better—a result of less over-eating. School children are being given the benefit of school dinners in ever-increasing numbers, and the dietary supplements that have been allotted to expectant mothers and young children have demonstrably proved their worth in the national statistics.

PART F.

Prevalence of, and Control over
Infectious and other Diseases.

PART F.

PREVALENCE OF, AND CONTROL OVER, INFECTIOUS AND
OTHER DISEASES.

A. Notifiable Infectious Diseases (except T.B.).

1. Prevalence :—

Disease	1st Qr.	2nd Qr.	3rd Qr.	4th Qr.	Total Cases	Cases admitted to Hospital	Total Deaths
Measles	2	30	14	4	50	—	—
Chicken Pox	—	—	—	—	—	—	—
Scarlet Fever	16	13	13	13	55	44	—
Pneumonia	25	22	3	10	60	—	16
Puerperal Pyrexia	—	1	1	1	3	1	—
Diphtheria	8	3	2	3	16	16	1
Whooping Cough	1	4	—	1	6	—	—
Erysipelas	1	3	—	3	7	—	—
Cerebro-Spinal Fever... ..	1	—	—	1	2	—	—
Pemphigus Neonatorum	—	—	1	1	2	—	—
Dysentery	130	123	7	1	261	—	—
Para Typhoid	1	—	—	—	1	1	—
	185	199	41	38	462	64	17

The above table shows the quarterly incidence of infectious diseases during the year. A similar table for 1945 will be found in the latter portion of the Report.

Table 2.

			1944	1945	1946
Measles	...	...	204	150	50
Whooping Cough	...	...	58	66	6
Scarlet Fever	...	...	143	196	44
Diphtheria	...	...	74	40	16

It is pleasant to record a marked reduction in the prevalence of the more common infections.

Measles, the large total of which in 1945 was due to the continuation of the outbreak towards the end of 1944, shows a reduction by two-thirds.

Whooping Cough, which prevailed simultaneously with measles in 1945 (for the same reason) shows a reduction of 90%.

(Unfortunately both these diseases occurred—in the majority of cases—in children under 5 years of age, when the potentialities for permanent ill-effects are greater).

Scarlet Fever which, although still a mild type, totalled 196 cases in 1945 is reduced by nearly three-quarters.

Diphtheria cases show a further reduction from the 40 cases in 1945 to 16. There was one death in each year.

The incidence of diphtheria, since it assumed epidemic proportion during the latter part of 1938 and the first half of 1939.

	1938	1939	1940	1941	1942	1943	1944	1945	1946
Incidence	79	107	48	68	35	22	74	40	16
Deaths	5	7	5	3	2	0	1	1	1

The most gratifying observation from these figures is the persistent reduction in the number of fatal cases.

Dysentery. It will be noted that there were 261 cases of “dysentery” notified during the first half of the year. These included many cases of a type of diarrhoea known as “sonne dysentery” but in most of the cases no bacteriological test was made to confirm the diagnosis.

2. Control of Diphtheria.

The weekly immunisation clinics continued to be held at the Clinic in St. Thomas's Square, and though attended mostly by children of pre-school age, receive a few school children and an occasional adult. As a whole, the weekly attendances are well maintained.

The scheme for the sending of birthday cards to every child in the Borough on the attainment of its first birthday was continued. This is an attractive card which, in addition to birthday greetings, recommends the advisability of immunisation against diphtheria.

The Health Visitors also continue their propaganda amongst the families with children in the lower age-groups.

The following table illustrates the present immunisation position:—

DIPHTHERIA IMMUNISATION.**Persons Inoculated each year from 1940-1946.**

Age at date of inoculation	1940	1941	1942	1943	1944	1945	1946	
0—			6	2	1	—	—	Total inoculated aged under five years on 31st December, 1946 815
1—			155	128	213	185	170	
2—			59	41	34	22	16	
3—			75	27	14	18	8	
4—			104	26	16	15	12	
5—	40*	244*	159	16	13	11	7	Total inoculated aged 5-14 years on 31st December, 1946 1878
6—			147	9	9	6	8	
7—			171	3	7	3	2	
8—			164	1	1	1	4	
9—			139	3	1	—	2	
10—			164	3	—	1	1	
11—			162	2	—	—	1	
12—			154	1	—	—	1	
13—			155	7	1	—	2	
14—	†26	†384	22	3	—	—	—	Total inoculated aged 15 years and over on 31st December, 1946 919
15 and over			5	2	—	—	—	
Total each year	66	628	1841	274	310	262	234	Grand Total 1940-46 3612

* Aged 5 and under.

† Aged 5—14,

It might be opportune if I here recounted some of the facts regarding diphtheria immunisation.

- (a) Diphtheria is a disease which can be controlled, and there is no reason why extensive immunisation cannot produce in British communities the results it has achieved in the "New World" where, in many American cities, the occurrence of a case of diphtheria is a rarity.
- (b) To have any permanently marked effect on a community at least two thirds of the school population, and half the pre-school population should be immunised, and these percentages maintained. For this purpose continued propaganda must be undertaken to make the public "diphtheria conscious".
- (c) Immunisation does not produce a 100% protection against acquiring the disease, but it should produce approximately a 90% protection; and in the remainder the disease is much modified with considerably less chance of ill after-effects, such as paralysis, and the number of deaths is so small as to be negligible.
- (d) During 1939, 1940 and 1941, 202 children under 16 years of age contracted diphtheria. There were 16 deaths. Only seven of these cases were from 1,334 totally or partly immunised children (discounting those who contracted the disease within 2-3 months of their final immunising injection) and there were no deaths among those seven.

During 1942, 21 children under 15 years of age contracted the disease of whom 2 died. None of these children had been immunised.

During 1943, the corresponding figures were 9 of whom 1 had been immunised. There were no deaths.

The single death in each of the following years occurred in children who had not been immunised.

Diphtheria anti-toxin (for immediate treatment) is obtainable by local practitioners at the Public Health Department.

**Whooping
Cough.**

This disease was made notifiable (in addition to Measles) in November 1939.

In November 1941 the Council agreed to provide, free of charge, whooping cough vaccine for the children of the Borough (for both treatment and prophylactic purposes). This vaccine was to be administered via the local Medical Practitioners, who were to be encouraged to use it freely, and do so. The efficiency of whooping cough vaccine, administered for the prevention of this disease, is still sub-judice. Large scale investigations are at present being undertaken under the ægis of the Ministry of Health. Whether children will soon be given a "combined" injection to immunise them against whooping cough as well as diphtheria depends on the results of these investigations.

This disease frequently results in chronic bronchitic conditions in children, and parents often pay far too little attention to this illness, frequently failing to call upon any medical attention.

Scarlet Fever.

Scarlet Fever anti-toxin is used in treatment of this disease but no attempt has been made to undertake any large scale immunisation. Children can be immunised, but the process demands a series of injections with a fair percentage of "reactions" and with Scarlet Fever persisting in its present mild form, there is some question as to whether or not prevention wouldn't be worse than the disease!

B. Tuberculosis.

New Cases and Mortality during the year 1946.

Age Periods Years	New Cases				Deaths			
	Resp.		Non-Resp.		Resp.		Non-Resp.	
	M.	F.	M.	F.	M	F.	M.	F.
0	—	—	—	—	—	—	—	—
1	—	—	4	1	—	—	1	1
5	—	1	1	1	—	—	—	—
10	—	—	2	2	—	—	—	—
15	1	1	2	5	—	—	—	—
20	1	3	—	1	—	1	—	—
25	4	2	—	1	—	1	—	—
35	4	2	2	—	1	2	—	—
45	1	2	—	1	2	1	—	—
55	3	2	1	—	—	—	—	—
65 & over	—	—	1	—	1	—	—	—
Totals ...	15	13	13	12	4	4	1	1

At the end of the year there were 86 cases of Pulmonary and 84 cases of Non-Pulmonary Tuberculosis on the register as compared with 80 and 75 respectively in 1945.

Cancer.

There were 58 deaths from Cancer during the year. This gives a death rate from the disease of 19 per 1,000 population.

Facilities are available in the district for the diagnosis and treatment of Cancer; also at Preston Royal Infirmary and the Christie Hospital and Holt Radium Institute at Manchester.

CHORLEY & DISTRICT HOSPITAL.

Times of Attendances of Consultants.

Mr. ARNOTT, General Surgical Monday, 11.0 a.m.

Mr. SYKES, Eye, Ear, Nose and Throat Department.....
 Tuessday, 2.0 p.m.

Dr. ANDERSON, Medical, by appointment only.....
Thursday, 2.0 p.m.

Mr. CORBET, Gynæcological Friday, 9.30 a.m.

Mr. GARDEN, Orthopædic.....
 Friday, 2 p.m. (Men) ; 3 p.m. (Women & Children).

Dr. FESSLER, Skin and Venereological.....
Men—Tuesday, 5.30 p.m. to 7.0 p.m.
Thursday, 11.0 a.m. to 12.0 noon.
Women—Tuesday, 4.0 p.m. to 5.30 p.m.
Thursday, 10.0 a.m. to 11 a.m.

Mr. GRAHAM, Urological, by appointment only.....
2nd and 4th Wednesdays in each month, 2-30 p.m.

Dr. MITCHELL, Radiological, by appointment only.....
Monday, Afternoon; Tuesday, Morning.

ANNUAL STATISTICS FOR 1945.

(Not included in foregoing Report).

Sanitary Inspector's Report.

SANITARY INSPECTION OF THE AREA.

								1945
Total No. of Sanitary Inspections by Inspectors	...	...	...	...	...	...	...	5759
No. of premises showing defects or nuisances	...	...	...	...	...	...	...	725
Informal notices served	...	...	...	...	...	...	...	725
Informal notices complied with	...	...	...	...	...	...	...	* 516
Informal notices not complied with	...	...	...	...	...	...	...	* 393
Statutory notices served under:—								
(a) Housing Acts	...	...	...	...	...	...	...	1
(b) Public Health Acts	...	...	...	...	...	...	...	9
(c) Chorley Corporation Act	...	...	...	...	...	...	...	25
Statutory notices not complied with	...	...	...	...	...	...	...	13
No. of nuisances abated (Details filed for post-war Report)	...	...	...	...	...	...	...
Shops and Offices:—								
Visits by Sanitary Inspectors under Shops Acts	...	...	...	...	...	...	...	75
Notices served under Shops Act	...	...	...	...	...	...	...	19
Eradication of Bed Bugs, &c.								
No. of Council Houses found infested and subsequently disinfested								8
No. of other houses found infested and subsequently disinfested								9
No. of houses treated for cockroaches, beetles, fleas	...	...	...	...	...	...	...	15

* These totals include notices carried over from previous years.

Smoke Abatement.

3 excessive smoke recordings were made from 7 observations taken.
17 visits were made to factories.

Bake-houses

20 visits were made and 5 notices served.

Pig Food.

Amount collected—313½ tons, valued at £470. Amount retained after concentration—281 tons, valued at £1,119.

Swimming-baths.

3 samples of water were sent for analysis, one of which was unsatisfactory.

Ash-bins.

172 preliminary notices served to supply ash-bins.
74 notices not complied with.
Number of bins sold—451.

Common Lodging-houses.

8 visits paid.

For other statistics and comments see text of Report.

Housing Statistics.

HOUSING.**Inspection of Dwelling-houses during the Year.**

1. (a) Total number of dwelling-houses inspected for housing defects (under the Public Health of Housing Acts) ...	792
(b) No. of inspections made for the purpose	812
2. (a) No. of dwelling-houses (included) under sub-head (1) above, which were inspected and recorded under the Housing Consolidated Regulations, 1925	226
(b) No. of inspections made for the purpose	233
3. No. of dwelling-houses found to be in a state so dangerous or injurious to health as to be unfit for human habitation ...	4
4. No. of dwelling-houses (exclusive of those referred to under the preceding sub-head) found not to be in all respects fit for human habitation	217

Remedy of Defects during the Year without Service of Formal Notice.

No. of dwelling-houses rendered fit in consequence of informal action by the Local Authority or their Officers	516
---	-----

Action under Statutory Powers during the Year.**A. Proceedings under Sections 9, 10 and 16 of Housing Act, 1936.**

1. No. of dwelling-houses in respect of which notices were served requiring repairs	4
2. No. of dwelling-houses which were rendered fit after service of formal notices	
(a) By Owners	1
(b) By Local Authority in default of Owners	3

B. Proceedings under Public Health Act.

1. No. of dwelling-houses in respect of which notices were served requiring defects to be remedied	3
2. No. of dwelling-houses in which defects were remedied after serving of formal notices	
(a) By Owners	2
(b) By Local Authority in default of Owners	—

No proceedings were taken under Sections 11, 12 and 13 of the Housing Act, 1936.

(4) Housing Act, 1936—Part IV. Overcrowding.

Inspections made	15
-------------------------	----

Supervision of Food.

INSPECTION AND SUPERVISION OF FOOD.

Milk.

121 visits were made to cowsheds, dairies, etc. & 324 vehicles inspected.

25 notices were served during the year.

31 dairymen were notified of unclean milk and advised re remedies.

Under the Tuberculosis Order 1938, 1 notice was served requiring the detention of suspected animals. The animals were subsequently examined and slaughtered, and the farm premises disinfected.

16 notices, Form C., were received.

5 copies of notices, Form A., were received.

Meat.

See Table on opposite page.

Food and Drugs Act 1938.

120 visits for purpose of this Act.

Samples taken:—	Milk 90.	Other foods 28.
	(“formal”)	(“informal”)

Unsatisfactory samples—milk 5, Other foods 1.

7 “appeal to cow” samples taken; no legal action taken.

Carcases Inspected and Condemned.

	Cattle	Calves	Sheep and Lambs	Pigs
Number Killed	3672	4442	13949	2402
Number Inspected	3672	4442	13949	2402
All Diseases except Tuberculosis.				
Whole carcasses condemned ...	12	21	15	8
Carcasses of which some part or organ was condemned ...	1822	40	762	35
Percentage of number in- spected affected with disease other than T.B. ...	49.95%	1.38%	5.57%	1.79%
Tuberculosis only.				
Whole carcasses condemned ...	103	3	Nil	3
Carcasses of which some part or organ was condemned ...	852	5	Nil	96
Percentage of number in- spected affected with Tub- erculosis	26.01%	.18%	Nil	4.12%

In addition to the above the following imported meat was inspected at the Public Abattoir:—

Sheep and Lambs—30,006.

Packages—10,609.

Infectious Diseases
Notifications
(including T.B.)

INFECTIOUS DISEASES 1945.

Table of Notifications.

	1st Qr	2nd Qr	3rd Qr	4th Qr	Total Cases	Cases admitted to Hospital	Total Deaths
1. Prevalence of Disease.							
Measles	69	64	15	2	150	1	—
Chicken Pox	—	3	—	—	3	—	—
Scarlet Fever	61	44	32	59	196	177	1
Pneumonia	11	3	3	9	26	—	—
Puerperal Pyrexia	1	2	2	1	6	6	—
Diphtheria	20	10	7	3	40	40	1
Whooping Cough	38	22	4	2	66	—	—
Erysipelas	1	1	2	—	4	—	—
Cerebro-Spinal Fever	3	2	1	—	6	6	4
Pemphigus Neonatorum .	—	—	—	—	—	—	—
Malaria	—	—	—	—	—	—	—
Dysentery	—	4	1	—	5	—	—
Para Typhoid	1	—	1	2	4	4	1
Trachoma of Right Eye.	—	—	—	1	1	—	—
	205	155	67	80	507	234	7

TUBERCULOSIS, 1945.

New Cases and Mortality.

Age Periods		NEW CASES				DEATHS			
Years		Respiratory		Non-Respiratory		Respiratory		Non-Respiratory	
		M	F	M	F	M	F	M	F
0	.....	—	—	—	—	—	—	—	—
1	.....	—	—	1	—	—	—	1	1
5	.....	—	—	1	6	—	—	—	1
10	.....	1	1	1	1	—	—	—	1
15	.....	—	—	1	—	—	—	—	—
20	.....	—	1	—	2	1	—	—	—
25	.....	3	7	1	2	1	2	—	—
35	.....	2	1	1	2	—	2	—	—
45	.....	5	1	—	—	4	—	—	—
55	.....	1	—	—	1	—	—	—	—
65 & over		—	—	1	—	1	—	—	—
Totals	...	12	11	7	14	7	3	1	2

At the end of the year there were 80 cases of Pulmonary and 75 cases of non-Pulmonary Tuberculosis on the register as compared with 76 and 96 respectively in 1944.

